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The Possible Contribution of the Well-Trained Nurse to Her Hospital

By R. FRASER ARMSTRONG, Superintendent, Kingston General Hospital, Kingston, Ontario

There were three of us sitting in the smoking compartment of a C.N.R. railway carriage. The man on my right appeared to be a business man. He seemed to be quietly enjoying the relaxation of an after dinner cigar, and not much interested in myself or the other occupant of the compartment. My other travelling companion was turning over page after page of the evening paper without any apparent concentration on any special article. Suddenly he seemed to find something which interested and irritated him. He read his item and threw the paper down with the exclamation—"The hospital of today is overdoing it."

The business man seemed to notice his companion for the first time. He waited for an explanation, but not getting it, asked—"Overdoing what?" "Look at this," was the answer. "Here is an account of a Hospital Nurses Graduation Exercise, and look at the list of prizes given. One girl gets a prize for the highest standing in anatomy, and about a dozen others get mentioned for honours in all sorts of highly technical subjects. The present hospital system has lots of time for all these frills, but I was in X hospital not long ago, and the night nurse had over twelve patients to look after and was so busy I did not feel like bothering her for necessary attention. She had one patient who had just been operated upon for some sort of bladder trouble, another patient had just had his appendix removed, and she had in addition to look after two emergency admissions." I was interested in how the patient could receive this information, so asked how he knew that these conditions existed. "How do I know," was the reply. "The nurse told me when I asked her why my bell had not been answered more promptly. They have lots of time to train nurses to become specialists in theories, but when it comes to supplying enough nurses for proper night service, it is another consideration."

"My impression of hospital service is quite the opposite to yours," said the business man. "I was in B hospital not long ago and was greatly impressed with the service given. The night nurse seemed to anticipate everything I wanted. I remarked to her that she must have quite a number of patients to look after, and that it must keep her busy to give such good attention. Her reply was that everything was so well organised by her supervisors that it was surprising how easy it was for her to meet all requirements. I tried to draw her out about the condition of the other patients but only received a smile and a non-committal answer."

The other chap came back with the answer "Oh, I suppose she was trained to act and reply that way." "Possibly so, "was the reply, "but at any rate she gave me a cheerful picture of everything, and left an impression that I was well looked after, and that the hospital was efficiently managed. If the impressions she gave me were the result of her training, then, I must say that this well-trained nurse was a valuable asset to the hospital management."

(Read at the annual meeting of the Ontario Hospital Association, 1929.)

"You spoke also of needless theory," said the business man. "I can only say that a graduate nurse was able to give emergency treatment to my child last winter, which treatment saved his life. I am convinced that she could not have undertaken what she did if she had not been thoroughly grounded and trained in the theoretic aids to her profession. I don't mind saying also, that only a few weeks ago I gave a substantial contribution to this same hospital, simply because I was appreciative of the training that institution had given this graduate nurse, which training allowed her to save our child."

In the time available for this paper it is not possible for us to discuss many of the ways that the well-trained nurse can assist the hospital administrator. In the conversation noted above we see how, on the one hand, indiscreet talking developed a critical attitude, and how, on the other hand, tactful replies and a bit of thoughtfulness in organising for and anticipating a patient's wants left an impression on another patient which sent him away commending the nurse and the hospital. It also illustrates the great influence for or against the progress of our hospitals which the nurse can exercise.

The contributions which the well-trained nurse can give to the hospital might be classified into two divisions. These divisions may be termed—the direct and indirect contributions.

Under the heading—direct contributions—we can include the service which the nurse herself gives to the hospital. These contributions may be sub-divided into several elements. First, of course, there is competent nursing care. Then, we might include, courtesy, cheerfulness, thoughtfulness, kindness, tact, economies, and last but not least, loyalty and an appreciation of the efforts which other divisions of the hospital service are undertaking, although these services may not be so directly applied to the patient.

Competent nursing care is absolutely essential, and as you know much more about this than I do, it will not be discussed further. Courtesy, cheerfulness, thoughtfulness, kindness and tact, however, are contributions which come home to the hospital administrator almost every day. The nurse has the opportunity of getting closer to the patient than anyone else in the hospital, and the possibilities of service which centre around the human and personal equation are very numerous. There is a danger, especially in the larger hospitals, of appearing to the patient that we are creatures of an inflexible routine. There must be rules and regulations, there must be a definite routine to follow, but care must be taken that we do not impress the patient with the fact that he is simply a case in the hands of a competent machine. The nurse who is trained in and develops an understanding of the personal side of her work can do more for the patient and reflect more credit on her hospital than the nurse who is just a "yes and no machine cog" in the hospital nursing organisation. Firmness is necessary but it will accomplish much if tempered with a bit of human understanding. Fortunately, our nurses in this country try to do everything possible for the comfort of their patients. It is only natural, however, that when we have done a certain thing one way for years that we come to think that this way is the only way of doing it, and thus we may become averse to minor changes which might in the long run make things easier. I sometimes feel that in our hospitals we are a bit restricted by the fact that such and such procedure is the way it is always done. This, if carried too far may interfere with our originality and progress, and may handicap the administrator.

The hospital management is always faced with financial demands. Every new service which is developed means a further outlay of money. The many little economies demanded from the individual nurse may seem small and trivial. But the summation of these economies is important, and has a direct influence on the progress

of the hospital. It is not hard to conceive how the average hospital nurse can, by the elimination of small unnecessary wastes in the many items she comes in contact with, save for the hospital at least several cents each day. These savings in themselves may seem small, and perhaps to the nurse not worth while, but when applied to all the nurses in the organisation, the saving may run into thousands of dollars for the year. In fact, the summation of the small savings may account for progress or lack of progress in your hospital.

We spoke also of the appreciation of the work being done by other departments. It is an easy thing for one department to become critical of the other in a hospital, and in this respect the nursing division is perhaps no different than the others. It is easy for the nurse to become critical of the housekeeping division, the admitting division, the stores division, the purchasing division, or even the superintendent himself. Whereas, much more could be accomplished if instead of criticising they endeavour to find out what the other person is doing, and co-operate with them in every way. The administrator will appreciate the nurse's co-operation with the hospital departments.

While the direct contributions the nurse can give are most valuable, the indirect contributions are even more important. In this list is the influence that the graduate nurse carries into the municipality where she takes up her work. The graduate nurse can exert an influence that is far reaching. It seems then, that a responsibility rests upon the shoulders of those of us interested in the progress of Canadian hospitals not only to graduate nurses who will reflect credit upon our institutions, but to make it possible for these nurses to remain in this country and thus give them an opportunity of exercising this influence.

I have a very kindly feeling for our U.S. friends across the line. I must say, however, that it is with regret that we notice so many of our nurses being forced to go to the United States in order to carry on their profession. What can we do, therefore, not only to keep the standard of our nurses at the highest point, but also to keep them in our fair province and Dominion? In this connection our attention must be focussed upon the numerous nursing schools that are graduating nurses today. My own opinion may be too definite, but I believe that our nursing schools should be centralised in those institutions where every facility and opportunity is available so that the nurse who graduates will be thoroughly trained, and that the hospitals where these facilities and training personnel are not available should be staffed by graduate nurses. In this way we would ensure a high standard of nursing graduate, a high standard of service to the patient, and keep many more of our fine young women in our own country.

Miss Munn and her provincial staff have already accomplished much, but there is a big field of service still ahead and I predict that each year her department will encourage more and more the staffing of the smaller hospital with graduate nurses and centre her training school activities on hospitals where the required facilities and teaching personnel is available without creating too heavy a financial overhead. The question of comparative financial operating cost as between graduate nursing staff and student staff has often been debated but, when the necessary teaching overhead is considered, I would say that the small hospital could give a better service at less cost to patient by employing graduates than by attempting to run a nursing school.

The Possible Contribution of the Hospital to its School of Nursing

From the Standpoint of the Trained Nurse

By A. M. MUNN, Inspector of Training Schools for Nurses, Province of Ontario

The subject which has been chosen for me cannot be covered on all points within the time allotted to this paper so that the main points only will be considered briefly.

In conducting a training school the hospital assumes a two-fold responsibility in that it undertakes to care for the sick by training nurses in the care of the sick.

In assuming the responsibility of training nurses the hospital must know something of the community need for the nurse following her graduation. Is she needed in the community following her three years' service in the hospital to this community? Can the community provide a living for her, or if not, has her training been a sufficiently broad one to equip her for nursing elsewhere?

If the nurse is to be properly equipped the fundamental principles of nursing must be taught, and the daily average of patients must provide a sufficient amount of experience in the main services such as medical, surgical, gynaecological and obstetrical nursing to supply clinical material for teaching under proper supervision during day and night.

The night provides as many hours of bedside training as does the day in spite of some opinions to the contrary. The patient might have something to say on this point could we give him a chance to speak. He might suggest that he needs even greater care and more experienced supervision and nursing during the hours when resistance may be at its lowest ebb.

Failing to provide a secure future for the graduate nurse in the community, the hospital then must be willing to provide what is lacking in services and thus make it possible and easy for her to enter other communities well equipped to take her place.

Closely associated with clinical material in teaching, and as important from a standpoint of teaching, is the provision made for housing, diet and recreation during the three years' course of training.

In an article on hospital construction, Stevens and Lee have this to say:

"Coming from the care of patients the nurse, on entering the home, should step into a different atmosphere and there should be nothing to remind her of sickness."

We all know that normal surroundings in off-duty hours should provide a means of escape and relief from institutional worries in which the nurse spends the greater part of her working hours. It is, therefore, only reasonable that the nurse should be provided with living quarters detached from the main hospital building, out of range of hospital odours, sights and sounds, so that the home life may offer the refreshment of a change of scene as complete as possible from the atmosphere of her work.

She has a right to expect a comfortable room and above all a comfortable bed, mattress, etc. Habits of neatness cannot be established in

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(Read at the annual meeting of the Ontario Hospital Association, 1929.)

crowded dormitories with haphazard provision for storage space. The standard of living must be such as the nurse would be expected to apply in homes or institutions in which she may work or teach.

It is impossible to stress the importance of adequate toilet and bathing facilities for those whose training should make a scrupulous personal hygiene not only a matter of health and comfort but a point of professional pride.

The night nurse must not be forgotten and she must be provided with a quiet area far enough away from the main activities so that a reasonable amount of rest may be secured; nor must we expect the day nurse to be on tip toe and to hush every movement so that the night nurse may not be disturbed. She has a right to relaxation during the day.

If at the end of three years the health of the nurse is impaired there is good reason to question the thoroughness of the medical examination on entrance, the health records during training and also any factors in connection with the living conditions which might contribute to infection or lowered vitality.

Surely we have a right to expect the hospital to be the health centre of the community.

Much more might be said regarding the various factors contributing to health during three years of training in these days of advancement in public health and preventive care. In this work the hospital must accept its share of responsibility. Sir George Newman tells us: "There can be no public health apart from the individual health. This cannot be conferred or imposed by the state. It must be a matter of individual achievement though the individual may be helped and taught by the state."

The hospital must, therefore, accept its responsibility towards the nurse who is to meet her obligation as a health educator, whether this be in private duty, public health, industrial work, as a teacher or an executive in a school of nursing, or in any other line of nursing activity.

The National Conclave of Social Workers

Meetings of the Canadian Conference on Social Work

At a recent meeting of the Executive of the Canadian Conference on Social Work plans were made for the next meeting of the Conference. This is to be held at the Royal York Hotel from Monday to Thursday, April 28th to May 1st, 1930. The President of the Conference is Dr. Clarence M. Hincks, who is Chief Executive of the Canadian National Committee for Mental Hygiene, and Dr. Carl A. Dawson, Director of the School for Social Workers of McGill University, is Past President.

It is not possible at this early date to give a complete list of speakers, but it is announced that among these will be the Honourable C. Howard Ferguson, Premier of Ontario, Mr. E. W. Beatty, President, Canadian Pacific Railway, and Dr. W. E. Blatz of the University of Toronto, who is to conduct a Study Group each day of the Conference on Parent-Child Problems.

A number of persons prominent in social work in the United States are being invited to participate in the meetings. It is expected that not less than 1,000 delegates will attend from all parts of the Dominion.

This Canadian Conference corresponds to the National Conference of Social Work of the United States, which meets annually. It is interesting to note in this connection that the attendance at the Canadian Conference of 1928 showed a considerably higher percentage as compared with the population of Canada, than does the attendance at the United States Conferences as compared with the population of that nation. This year the attendance at the Conference is expected to show a marked increase.

Mr. A. D. Hardie of the Federation for Community Service, Room 1403, 100 Adelaide St. West, Toronto, is Secretary of the Canadian Conference on Social Work.

MISS M. F. HERSEY

Miss M. F. Hersey, President of the Canadian Nurses Association and Superintendent of Nurses of the Royal Victoria Hospital, Montreal, returned recently after several months spent in England. On December 18th, 1929, Miss Hersey, accompanied by Miss Rachael Cox-Davies, C.B.E., R.R.C., President of the College of Nursing, London, was graciously received in private audience by Her Majesty the Queen, at Buckingham Palace.

The members of the Canadian Nurses Association as well as their president, and the nursing profession of Canada, are highly honoured by this recognition from their greatly admired and much beloved Queen, who at all times has shown her interest in the work of nurses.

While in London, Miss Hersey was the guest of the National Council of Great Britain on the afternoon of December 11th, when the honorary officers and presidents of the affiliated organisations met in Miss Hersey's honour at Headquarters.

The members of the Canadian Nurses Association gladly welcome Miss Hersey's return and all are well pleased that during her visit in England she had the opportunity to make these happy contacts with their colleagues there, thus cementing and strengthening more firmly than ever those invisible cords of friendship and understanding which mean so much to all members of the International Council of Nurses.

Stammering

By MARY CHAWDICK, S.R.N., London, England

A great deal of prominence has been given lately (in the correspondence columns of our newspapers) to the subject of stammering, not, as one might expect to its causes or cures, but to the question of whether you ever find an adult woman stammerer; we all know from personal experience many men who are afflicted with this trouble, and if there are in fact equal numbers of little girls who stammer as little boys, somehow the former outgrow it, while the latter do not.

Now this is a subject about which nurses should know something, because stammering begins in quite early childhood. Many have been the causes ascribed to it, many are the cures that are supposed to dispose of the difficult malady, but on the whole, views concerning it are changing rather rapidly with regard to the trouble.

The more modern doctor does not regard it among organic or physical speech defects. The speaking apparatus is all in order, which may be proved from the usual experience that the person who stammers when speaking can sing the same words without difficulty; again, it is familiar to some of us that a few quite competent actors, who apparently have no trouble with diction or enunciation of words on the stage, are quite painful to listen to in their own homes.

Organic or physical origin being then out of the question, are we right in calling it a nervous speech disorder, therefore an emotional disturbance? This is the modern view. Some thought in the past that it was caused by a sudden and severe fright, but in many cases this does not apply. It may have been suddenly *noticed*, but it had probably been gradually developing for a long time and growing worse at moments of stress, excitement or anxiety to explain.

It is now considered to be an *oral neurosis*, which requires understanding and treating as such by a trained and experienced person. It has usually also a component of *fear*, and I should like to point out that in many types of stammer we may find a *muscle neurosis*, too, developed because of the peculiar pleasure to be gained by the twitching and working of muscles in face, jaws and mouth. In this connection it is interesting to remember that Chorea, or St. Vitus Dance, in its true form allied with rheumatism, but often figuring as twitches or habit spasms, in fact, another muscle neurosis, occurs more commonly in the girl. This leads us to wonder whether in some ways pseudo-chorea and stammering are a twin sister and brother of muscle tension. It is worth considering.

Stammering being a mouth nervous trouble, how may we believe it to have arisen? Probably in one of two ways, and in very early infancy, although naturally the defect does not make itself apparent until the child is beginning to talk with some fluency, or is expected to do so. Stammerers are often observed to have been thumb-suckers in their early days, and very frequently we find that there has been something unusual about infant feeding or weaning. Neurosis occurs in some way connected with a great deal of pleasure related to some childish interest, so that it cannot be given up or on account of some painful incident which impresses this part of the body forever on the mind of the sufferer.

All babies naturally are fed in some way and receive their food in an attitude of love, yet all do not develop oral neuroses. Some have troubles in infancy in a greater degree than others, or again some have a greater requirement of pleasure for nourishment, of which they may be deprived. Thus, one mother may tell us that whenever she tried to read or talk to a friend while suckling her baby, he would stop and appear offended until she gave him her whole attention once more. This incident might be recorded in the infant's mind with serious consequences. On the other hand, some stammerers were suckled for an abnormally long period, and were weaned with difficulty or suddenly.

We should also reflect that the noises that many stammerers make closely resemble those of the infant sucking, the difficult letters being M.P.B.—all labials, or will be repeated constantly by the baby babbling to itself when comfortably replete, but afterwards the attempt is made to ally them with words. Again, others, that produce facial contortions, clenched hands and uncouth noises are similar to those made by the child with wind.

It may seem odd that origins such as these should be given as roots of the stammer, yet upon reflection we may see the likeness of the two groups of sounds and situations. In the first instance the sounds are also typical of the mother-and-food-hungry little boy, and the stammerer is often of this kind. In the second, sounds that are hurled in defiance at the world, this is more general of the little girl stammerer, unless her difficulty takes the form of a lisp or inability to pronounce an R.

This remark about the little *mother's-boy* gives us a clue why the male stammerer preponderates. Men are more usually emotionally dependent upon their mothers and their oral interests than women, who in the course of their normal development have to make the transition to become providers and not receivers of food and comforts of this description.

Stammering men will usually feel more at home with women, feeling they are more sympathetic, or even that the defect gives them a greater claim to their kindness or tolerance. The little boy stammerer, on account of his more than usual tie between his mother and himself, is often afraid of his father, who, consciously or unconsciously, regards him as a rival where the time and attention of his wife is concerned. How often is he made to wait, even sometimes for his food, while baby is served first?

Also, it may be an important factor that many quite candid mothers will own to having experienced more pleasure and one of a different type when feeding the boy than the girl, which doubtless becomes reflected upon the infant and may partially account for the fixation of the boy to the oral stage of mother love. On night duty in the male ward of a hospital it is usual to hear during the deepest sleep the patients sucking and swallowing in their dreams, their faces upraised and flushed as the babe asleep on its mother's breast. Yet this is not the usual experience of the nurse in a woman's ward.

The stammering child will often have had difficulties in learning to talk, or have been a late starter. Others may have laughed or copied the blunders with exaggeration, which is exasperating to a sensitive child, would not listen to what he or she was trying to explain, or always misunderstood.

There is always some element of fear in the stammer *as cause* as well as certainly *in effect*. We have said that the boy is usually afraid of the father, and while talking to him or in later life to persons who represent him, the defect will be increased. The girl who stammers is usually afraid

of the mother, and she will often tell us that the child is always at her worst with her, frequently adding that she has not much patience and that the child and her stammer drives her crazy.

But the little girl does not so often remain fixated to the mother as the boy. The lack of sympathy between mother and daughter which arises from so many conscious and unconscious sources gradually weakens the first infantile dependence and we see the little girl transferring her affections to her father, who may be more sympathetic and patient with her. She does not represent a rival as clearly as the son, and the two will become close companions, and in this new situation and confidence the emotional tension represented by the muscular tension of the stammer will tend to disappear.

It has been pointed out that there is a connection between left-handed children and stammerers. The connection is probably once more a nervous one rather than a physical. The family which produces nervous children may show some stammerers and some left-handers, as they are alternative symptoms of similar roots. Occasionally stammerers who have been dealt with too severely in the hope of punishing it out of them become left-handers; in a similar way, a left-handed child who is made vigorously to become right-handed may develop squint or a stammer. All these symptoms are closely connected in the nervous child, although actual roots and causes that lead to them, but differentiate into the one or the other, are too complicated for an article of this brevity.

In dealing with the stammering child in the family it is better to cope with the causes and apparently leave the surface symptom alone, because all manifest attempts to deal with the defect only impress upon him or her the fact that it is peculiar and wrong to stammer. Find other means, if possible, of letting the child find self-expression without speech and try to build up self-confidence from this point, because that well-known bogey of childhood, *the inferiority complex,* is very active in the stammerer. If the child enjoys acting, and few do not, let this be a bridge to normal speech. Playing a part and for that time being a person who does not stammer, will gradually in the child become transferred into daily life, because it will show that it is not inevitable. Last but not least, let us try to remember not to let the child see how much the stammer gets "on our own nerves." This is a most important part.

Removal of Adhesive Tape

In The Canadian Medical Association Journal for January, 1930, the following suggestion is made for the removal of adhesive tape: Carbon tetrachloride is now widely used domestically as a non-inflammable cleaning fluid, and is now on the market under its own and various trade names. It has been found to be a rapid solvent for the adhesive coating of zinc oxide plaster, and is comparatively inexpensive.

Convalescent Measles Serum

By ELLEN F. TAYLOR, M.D., Medical Assistant, King George Hospital, Winnipeg, Manitoba

Measles is still one of the dreaded diseases of childhood. Dreaded not only for its complications, but also for its high mortality. In hospital there is added to these the danger of cross-infection, as one cough or sneeze before the case is recognised may infect all the others in the ward.

To prevent this cross-infection, convalescent measles serum is given to those who have not had measles. This serum is prepared after the method of Debre and Joannon. Convalescent measles patients free from tuberculosis or syphilis are chosen. From these 50 to 100 c.c. of blood is collected between the first and seventh day after the temperature becomes normal. This gives approximately 25 to 50 c.c. of serum and 1½ to 2 c.c. of the serum is sufficient to protect a child against measles.

In order to protect against measles 1½ to 2 c.c. of the serum should be given subcutaneously within four days after the exposure. This gives an immunity for about seventeen days, and is the method of choice in hospital or with frail children. When 1½ to 2 c.c. of serum is given on the sixth day after exposure the child develops a modified form of measles. It is doubtful if any benefit is received if the serum is given later than the sixth day.

Due to the epidemic of measles in Winnipeg in 1928-29, the patients in hospital were being constantly exposed to this disease. A little over a hundred persons can be reported on who received the serum as a protective measure and thirteen who had modified measles. Over seventy of the first group were in the Children's Hospital and the King George Hospital. Twenty-nine cases were infants in an institution who had been exposed by one newly admitted, the same attendant going among them all. Each child exposed received 2 c.c. of serum within one to four days, and none contracted the disease. There was no visible reaction to the serum.

Seven children in hospital had modified measles as there was no serum on hand and no donor ready when these seven were first exposed. The course of the disease in their case was quite interesting to watch. They had no prodromal temperature or cough. The temperature about the fourteenth day suddenly rose to 101 and Koplick's and a typical rash developed. This rash had raised red velvety areas varying in size from a five to a twenty-five cent piece scattered over the face and body with wide areas of clear skin between them. This rash remained two or three days, the patients were not drowsy, but sat up in bed playing with their toys and demanding food. There were no complications.

One of the physicians in the city used the convalescent serum on six private patients. These were small babies who had been directly exposed to someone in the family. He waited till the sixth day after exposure before giving the serum and obtained the same results as the above modified cases. This is the best method to use outside of hospital and for delicate children, as it should give a permanent immunity.

In country practice whole blood may be taken from the convalescing member and given directly to the exposed ones. One quarter of the dose is claimed to be sufficient when whole blood is used.

As long as human beings are the only source of supply the children who receive it will need to be selected cases, as the demand for serum will be greater than the supply.

Osteomalacia in the Kangra Valley

By ANNIE EDGAR, Nurse in Charge, Mission Hospital, Palampur, Punjab

Osteomalacia is a disease which is practically unknown in Europe and America, although during the war cases were reported in Germany. When I came to India I had never heard of it, and when osteomalacia was mentioned I thought that osteomyelitus was meant and wanted to correct the pronounciation of the person speaking. Fortunately, however, I managed not to betray my ignorance on the subject!

The disease is very common in India, and one cannot be long in the country without meeting many cases of it and learning considerable about it. Last year a commission was appointed in India to study it, and a lady doctor, Dr. Wilson, was appointed to investigate conditions in the Punjab. Dr. Wilson's headquarters are in Lahore, and when she began work some months ago, she was told that there were few cases in that city, but by working with the daily dispensaries it was found to be much more prevalent than was at first imagined. She paid a weekly visit to Amritsar, and in six months saw seventy patients who were suffering from this disease. There would, of course, be many more cases which were never brought to her knowledge.

We who live in the Kangra valley have known that the disease was very prevalent in this district, and that even the tiniest village had its women so crippled with osteomalacia that it was impossible for them to walk or stand or even to lie flat upon their backs. There have always been many out-patients under treatment at our mission hospitals in Kangra and Palampur, and I doubt whether the Kangra hospital is ever without one or two "osteo" in-patients.

It was with great delight that I heard that Dr. Wilson was coming to the Kangra district on investigation work, and I knew that I could gather together many cases for her to see here, but it was not until her visit that I realised what numberless cases there are. It is an endemic disease, and every village must have dozens of cases. Dr. Wilson had never seen a man suffering from "osteo," but on a few hours' notice we were able to produce two or three.

I had only short notice of her visit, so was unable to have the news sent to all parts of the district ministered to by this hospital. The best I could do was to get word through Palampur and the villages within a radius of two miles of Palampur. To do this I had an announcement made in the schools and sent the town crier around beating his drum and shouting that on the following morning a doctor from Lahore wanted to see all men, women, and children who were suffering from osteomalacia or rheumatism. As a result, on the following morning the hospital verandahs were packed with men, women, and children, and along the roads leading to the hospital could be seen strange sights: women waddling to hospital with the peculiar osteomalacia gait; young women or men carrying old women who were so crippled that they had not walked for months or years; old women or men carrying young girls still in their teens, who were suffering acutely and whose every movement was full of pain. The verandahs were crowded not only with "osteo" patients, but with people suffering from every known and unknown trouble from toothache, fever, etc., to tuberculosis and curvature of the spine, and with these came interested friends and relatives.

In a few hours, Dr. Wilson saw and examined nearly sixty osteomalacia cases. These cases came from Palampur and from villages within two or

three miles of Palampur, and by no means all the "osteos" in these villages turned up, probably not more than 33%. At our mission dispensary in Baijnath, on a few hours' notice, nine or ten cases were seen by Dr. Wilson, and at Banuri about the same number. Altogether in two days she examined seventy-five patients suffering from osteomalacia. In Amritsar, she saw seventy in six months.

Last year, I was very much interested in reading an article on osteomalacia written by one of the doctors of the Women's Medical Service of India. In it she stated that osteomalacia was a disease of the cities where women lived in purdah. It was a disease that was due to lack of sunshine and was practically unknown in women who lived an out-of-door life. On reading that I decided that a little investigation of the disease was very necessary. In the Kangra valley there are no cities and no towns of over 5,000 population. It is an agricultural district, and in this section there are large tea estates where men, women, and children work out-of-doors in the sun at all seasons of the year. Yet it is very prevalent among these very people.

It is a deficiency disease in which the calcium content of the body becomes very low. It begins with pain in the joints and in the sacral region. Often there are spasms of the hands and feet, pain in the ribs, and in advanced cases a tilting forward of the sacrum, causing flat contracted pelvis. This latter is the cause of so much difficult midwifery work in this district. Due to the low calcium content, the bones become very brittle, and I have known of patients breaking an arm in two places when turning over in bed.

The causes of osteomalacia are lack of fat, and protein and green vegetables in the diet. The people of this district are very, very poor and cannot afford to eat proper food. Some have rice once a day, and at the other meal a coarse wheat unleavened bread, with curried vegetable, which is cooked in ghi or a vegetable fat. Few have meat more than once a fortnight; many, either because of poverty or because it is against the Hindu religion to eat meat, never taste it. Milk, which is so important in a diet, is almost a minus quantity. Children are nursed until three or four years of age, sometimes three children being nursed by one mother. After they are weaned the children are seldom given milk. There are many cows, but they are small undernourished animals, giving only five or six ounces of milk a day. Milk is therefore scarce and expensive.

There are many predisposing causes. Any disease which lowers the vitality of the body may be followed by the aches and pains of osteomalacia. Early marriage can be blamed for much. Young girls have children before their own bones are properly developed, and the strength which should go into their bodies is given to the unborn children.

Osteomalacia is a disease which responds slowly but surely to treatment. It is one of the most satisfactory diseases to treat, for although treatment must be continued for at least six months, one can watch the slow but steady improvement and one rejoices with the patient as the pain decreases in wrist, or ankle, or hip joint, and as the "waddler" loses her "osteo" gait, and as the cripple gradually straightens out from her hunched-up shape, stands first with the help of a stick and then finally walks with comfort. It is almost a miracle and one grieves that such great numbers in the district go on suffering when with cod liver oil and the right diet they can so easily be cured. Many cannot come themselves for medicine, and friends are not sympathetic enough to trouble to come for them. Some have heard of the wonders of cod liver oil, but after taking one or two doses of the medicine they have put it aside as useless because improvement is not instantaneous. Many

refuse to take it because it is "heating" and causes them discomfort in the hot weather. Many improve very, very slowly because they are too poor to supplement the cod liver oil with milk and ghi and meat.

One young osteomalacia patient was carried six or seven miles to hospital by her father. When he put her down on the verandah she cried with the pain in her joints. The father came regularly for medicine for seven or eight months, and at the end of that time brought the child to hospital. She walked the seven miles in and when she arrived played on the hospital verandah with some other children. We have many such cases.

A young girl, twenty years of age, is a very pathetic case. Besides having painful tetanic spasms of her feet, hands, face and eyelids, she suffers agony from the pain in every joint in her body. She has been like this for the past three months, and for the last three weeks her hands have been so crippled that she cannot feed herself, and she cries out with the intense pain. I have seen hundreds of cases, but never a case where the patient's suffering was so intense. She is one of three wives. A few months ago, when I saw her, she was a bright, happy, healthy young girl. Now she is a cripple, pregnant, and full of despair. She has promised to follow the treatment prescribed for her, and I hope to hear in a short time that the pain is diminishing. The second wife is also pregnant and also has "osteo," but in a much less acute form.

The problem of this district and the only way to adequately combat the disease is to raise the standard of living and to teach the people the necessity of having a balanced diet. "Osteo" is very common among the poor, but is also frequently found in the homes of the wealthy, whose diet is chiefly carbohydrates, and lacks sufficient fat, protein and vitamin content.

The Punjab Red Cross is helping us attack the problem of "osteo" in this district and has already sent us a donation of Rs. 200 to be spent in the treatment of such cases. You will realise that such help is needed when I tell you that in the last two months I have had one hundred and thirty new cases come for treatment. With the old patients the number of osteomalacia treatments amounted to over three hundred and fifty during that time.

This help, valuable as it is, is not enough. An educational campaign is necessary to teach the people the causes of the disease: how it can be prevented by proper diet; and how cured. A course of lectures is being prepared on this subject for our mission schools, and it is hoped that by the spread of knowledge in this and other ways, before many years this disease may be as unknown as it is in other countries of the world.

(The writer of this article, Miss Annie Edgar, is a graduate of the Toronto General Hospital School for Nurses, 1917.)

Saskatchewan and Tuberculosis Patients

With the coming into effect on January 1st, 1930, of the Tuberculosis Sanatoria and Hospital Act of Saskatchewan, every person resident in the province for at least six months gets free treatment for tuberculosis.

Mental Hygiene and Public Health

By Dr. S. R. LAYCOCK, Department of Education, University of Saskatchewan, Saskatoon

(Concluded)

Turning now to another form of mental disorder, we shall take a severe case first—a case of paranoia—and see if there is any similarity here with normal life. The case I shall cite is taken from Myerson's "Foundations of Personality". "L was a bright boy, always conceited and given to non-social acts. Thus he would never play with other boys unless he were given the leading role, and he could not bear to have others praised or to praise them. He entered the medical school. Proud, haughty, he studied hard and did very good work. Now and again he astonished the class by taking direct issue with some professor, disputing a theory or a fact with an air of authority and proposing some other idea logically developed but foolishly based. There were better men in his class and they received the honours. L was deeply offended at this and claimed to his own friends that the professors were down on him. L obtained a hospital place in a small city and did very good work, and though his peculiarities were noticed, they excited only a hidden current of amused criticism, while his abilities aroused a good deal of praise. Stimulated by this, he started practice in the same city as a surgeon and quickly rose to a leading position. His indefatigable industry, his absolute self-confidence and his skill gave him prestige almost at once. His conceit rose to the highest degree and his mannerisms began to be offensive to others. He came into contact with the local medical society because he openly criticised the older men in practice as ignoramuses, asses, charlatans, etc., and was sued by one of them in the court. From this on his career turned. In order to contest the case and because he began to believe that the court and lawyers were in league against him, he studied law and was admitted to the bar. He had meanwhile married a rich woman, who was wholly taken in by his keen logical exposition of his "wrongs", his imposing manner of speech and action. As soon as he could appear before the bar he did so in his own behalf. He refused to pay his lawyers and they sued. One of them dropped the statement that L was "crazy" and he brought a suit against the lawyer. Moreover, he began to believe, because of adverse judgments that the courts were against him, and he wrote article after article in the radical journals on the corruptness of the court and entered a strenuous campaign to provide for the public election and recall of judges. In addition to boldly attacking the courts, he turned against his wife because she now began to doubt his sanity. He brought on suits in every court and at the time he was committed to the mental hospital he had forty trials on. He accused his wife of infidelity, felt he was being followed by spies and the police and had a typical delusional state."

If we examine the case, we see that as a boy he refused to play anything but the leading role. He resented not being praised above the others. Naturally such a wish "to be the whole works" threw him out of gear with his companions. As a result he developed two anti-social traits; (1) seclusiveness—he "would not play," (2) contentiousness. There remained only one way of gaining the triumph his over-estimate of himself demanded; he had to show people what he could do. So (3) he became furiously ambitious. When now, his ambition was balked, his conceit would not let him impute the fault to himself. So (4) he developed the conviction that he was wronged.

This patient was once a boy in our schools. In his boyhood, when the symptoms might already have been discovered and perhaps controlled,

he was hardly different from other lads. A little more conceited, perhaps a little more self-assertive, more freakish, but otherwise just a boy. It is cases like the above which should be very significant for parents and teachers. I think you will have seen in the story many traits that are recognisable in people you meet from day to day.

Perhaps you would be interested in Overstreet's interpretation of Emil Ludwig's account of the life of the last Emperor of Germany. He says: "He built up a picture of a grandiose Germany and gave such an apparently authentic account of a circle of watchful foes ready to pounce upon him and the land of his delusions that he induced not only his army but his millionfold citizenry to believe him. We know now that he was largely persecution-mad. A crippled child scorned by his parents, apparently doomed to the discard, he made incredible efforts to spite his destiny and become a super-man. A powerful will grown to manhood, avid of glory, surrounded by sycophants who kept him from wholesome contact with reality, who played upon his overweening conceit and confirmed him in his persecutional manias, he became the tragic figure of an emperor marshalling a nation to support his delusions of a world in league against his innocence."

Whether the above is a true picture or not, it illustrates a form of adjustment that does not take account of reality. Human nature will, apparently, do anything rather than face facts. Bleuler, the great psychiatrist, says: "Invariably we see at the root of the mental disease a situation to which patients are not equal." The greatest safeguard against it is, first of all, to teach the young life not to avoid difficulties. They must be trained to look situations and facts squarely in the face and solve them in a reasoned and wholesome manner.

But there is one other form of adjustment that is particularly interesting to those who belong to the nursing profession. Disease symptoms are themselves often an adjustment whereby the patient withdraws from reality. Dr. Hadfield, an eminent Harley Street physician and psychotherapist in London, says: "If one visits the wards of a shell-shock hospital, one sees there men paralysed, blind, deaf, dumb and suffering from severe headaches and pains. It seems incredible, and yet such is the fact, that all these men are suffering from disorders, which, though physical in their symptoms, originate not in the body, but in the mind: disorders due, in fact, to disturbances of the emotions. One may visit a ward of another hospital and find men suffering from what appear to be exactly the same symptoms: they, too, are paralysed and blind, but the disease in these cases is of an entirely different nature, being due to bodily injury or sickness. The former are "psychogenic" disorders, that is, disorders originating in the mind and are variously called 'psychoneuroses,' 'functional nervous disorders' or more popularly 'nervous diseases.' They include neurasthenia, hysteria, anxiety neurosis, phobias, and obsessions, all of which conditions are due to disturbances of the emotional life. In the psychoneuroses, the disorder is not primarily a matter of structure but of function. 'Organic' diseases on the other hand, as distinct from 'functional' diseases, are preponderatingly physical in origin, their cause being found in some defect of bodily structure." To show that such disorders are very common, it will suffice to quote the eminent physician, Dr. Richard Cabot, who says: "Half of any general practitioner's ordinary work is concerned with some type of psychoneurosis; not half all the neurologists do but half of all that the doctors in the country are doing today, is to treat psychoneurosis. Very few doctors are trained to treat a psychoneurotic; very few have any interest in it. The attitude of many a doctor is expressed by his desire to run out of the side door when one of these patients appears at the front. He hates them, but he cannot afford to show it."

The prevalence of such illnesses is seen too in the marvellous "cures" that have taken place since time immemorial. The main requirement of such cures seems to be that they be notable, novel or nasty. Cures by legions have been effected by notable personages, novel appliances and nasty nostrums. Sometimes it was the laying on of hands, sometimes by word of mouth, sometimes by "magnetic eyes" or strokings, or else by mechanical contrivances like electric belts, batteries, blue glass, plasters, patent medicines and chest protectors, especially red ones.

Let us turn for a moment to normal life and look at an illustration there. And here I quote from Overstreet. "Muriel was the well-known 'sweet little thing' with hosts of men friends who liked her prettiness and who were made to feel masculine by her charming display of feminine helplessness. She had learned the art of making her friends gratefully fetch and carry. Her mother adored her and followed after her like a loving slave. Muriel would arise from a slight illness. She would take a few hesitating steps. 'Oh, Mother dear, catch me!' And mother would put her arms around Muriel and help her to a sofa. If someone were coming who bored her, Muriel would complain of a great faintness. 'Mother dear, I hate to desert you. You know I do, don't you? But I am afraid I am going to be sick again'. And mother would help Muriel to her room, undress her and tuck her away in bed, giving her a book to read. When the guest came, mother would make excuses, and the guest would send up condolences to Muriel and perhaps, later, flowers. Did Muriel know what she was doing? Probably not.

And how shall such cases as cited above be treated? During the war, it was discovered that the worst treatment was sympathy and coddling. The medical officers found that they succeeded best when they took the attitude that they were not to be imposed upon. In the case of Muriel, I fancy that her mother, watching closely and discovering the evasional character of her daughter's illness, might have handled the problem as follows. Muriel takes one of her sudden illnesses. Of course, she must retire, says the mother. But no reading in bed, not a syllable. Lights out, every one of them. And plain food, or, better, no food for at least twelve hours. Also a bitter medicine, concocted by a friendly physician. And no flowers nor visits from friends. One suspects that Muriel would very soon conclude that illnesses were not in good repute.

Another example is the wealthy woman of leisure, who has a multitude of aches and pains. Every physician knows that what such a woman really needs is a muscle-demanding or mind-absorbing job. The ordinary every-day explanation is that the woman has not enough to occupy her mind, has too much time to think about herself and her aches and pains. The real reason probably goes deeper. The disease is a means whereby such a woman can capture for herself a sense of importance.

To accomplish nothing distinctive, to be in no way an individual marked out from the rest, is intolerable to one's self-respect. Even a child wishes to be noticed, and if no way presents itself, he will make a nuisance of himself. The wealthy woman, who does nothing and is often little more than an animated fashion plate, is apt to see herself as merely one of the fashion plates of her set. Disease, then, particularly disease that baffles her physicians and which sends her from one specialist to another, marks her out as different. She is interesting, so she believes, to her baffled physicians. And because she thinks she is an interesting case, she ventures to tell her friends how interesting she is. Thus the more variously and puzzlingly sick she is, the more revived and invigorated she is.

The motives in these cases are definitely unconscious. The individuals mentioned would be the most surprised and hurt persons in the world if they were told exactly what they were doing. As a matter of fact, such persons cannot be told. They have to be helped to find out for themselves. That is why psychoanalysis is such a

valuable method. By this method the patients in a series of interviews, probably as many as forty in number, are assisted in tracing out the various factors in their childhood, infancy and adult life which have made their personality what it is. The analytic method is probably the outstanding contribution of the various schools of psychoanalysis. Nor is it necessary, in order to recognise the value of this method, to accept the elaborate theories of the unconscious, the subconscious, etc. The excellent results often obtained by this method can, according to the opinion of some psychologists. be explained as a process of re-education on purely behaviouristic grounds.

But the psychoneuroses usually reveal themselves in more grave forms than the case of the wealthy woman just cited. The terminology differs so widely that one hesitates to classify its various forms. Perhaps one might venture to suggest the subdivisions to be neurasthenia or anxiety neurosis, conversion hysteria, and psychasthenia or obsessions and phobias. Time will not permit my dealing with these in any detail.

Dr. T. A. Ross in his book on "The Common Neuroses" defines neurasthenia or the anxiety neurosis as a series of symptoms which arise from faulty adaptation to the strains and stresses of life. The symptoms, he says, may be regarded as the symptoms of an ineffectual struggle with the environment. Fatigue on slight exertion is nearly always present and bears no relation to muscular tone or amount of exercise taken. A man whose muscles are as hard as iron may complain of fatigue after having walked a hundred yards. Loss of appetite and consequent loss of weight are often present. Indigestion is common, as well as constipation; irregularities may occur in the urinary, genital and circulatory systems; headaches and peculiar feelings in the head are common, and insomnia and lack of ability to concentrate are outstanding symptoms. Anxieties of all kinds appear as symptoms. There is no organic reason to be found and the treatment must be approached through psychological means, preferably by the analysis of the situation with the patient in such a way as to bring to light the conflict which lies at the root of the trouble. This is often an intricate process and while it is true that wise physicians have for ages made use of a sort of analytic method, yet it requires the physician trained as a psychotherapist or psychiatrist to deal adequately with the situation.

Conversion hysteria may be defined as a reaction where the patient answers the difficulties of his environment by a negative response. The reaction is of such a nature that it is clearly impossible for him to continue to perform his duties at all for the time being. There is in every case a loss of function. The mental symptoms consist of fugues, somnambulisms, double personality, trances, deliriums, hysterical or emotional attacks and hallucinations.

Amnesia signifies the loss of memory of definite blocks of time. Such losses of memory are common in times of stress such as occurred during the War. A man was blown up and later some period, varying from a few hours to years or his whole past, was blotted out. Such states are also found in civil life, and are associated with an experience involving terror, extreme shame, or other cause of violent emotion.

In fugues the patient may wander and when he comes to himself may find he is at a considerable distance from the place where he set out. In such a state, the patient is not unconscious of his surroundings, for he will buy food, may take a railway ticket, or engage in business.

Passing over other mental symptoms, the sonatic symptoms of hysteria may be anaesthesia of the skin or of the special senses, so that blindness, deafness, and loss of taste occur. Paralysis and abnormal movements of the body are very common.

The treatment of hysterical symptoms is too extensive to be dealt with here. One can, however, say in passing that hysterics are very suggestible and usually can be hypnotized and an

approach is sometimes made through this medium.

The third great division of psychoneuroses is often designated as psychasthenia or compulsion or obsessional neuroses. In this condition the patient is dominated either by some thought or action. He knows that the domination is absurd, but he has no power to withstand it. A man comes to a psychiatrist with an incomprehensible dread of knives. He cannot bear to see them; he fears to touch one lest he cut someone's throat. Another man for some unknown reason has a fear of open spaces. As he stands in a city square he suddenly turns pale, trembles all over, and creeps back to a sheltering alley. Silly, he says to himself, preposterous. And yet there it is, that unaccountable dread. Another may be shaken with fright in a crowd or go to pieces at the sound of running water. Such phobias are very common among neurotic troubles. Here, too, the treatment must be essentially that of psychological analysis.

I am sorry that this treatment of the psychoneuroses has been so brief. They occur frequently and are to be found in normal life, not in mental hospitals, and they cause untold unhappiness. One eminent physician has made the statement that neurasthenia causes more human unhappiness than cancer.

And I have not attempted to deal with the serious mental disorders, the psychoses found in mental hospitals. Perhaps, however, in this very rambling lecture I have been able to do something towards helping you to realise the extent of mental ills and the tremendous but difficult field that lies open to those who are devoting their lives to further the cause of human welfare by promoting mental hygiene.

Saskatchewan—Empire of Variety and Charm

A land of great expanse and as yet comparatively sparsely populated; a country composed of broad, open plains where wind-waves ripple hundreds of miles of golden grain; of thousands of square miles of park lands where smaller fields of wheat and lowing kine contend for supremacy in a scenic effect of green trees and meadows and azure sloughs; of a broad forest belt where dark evergreens mingle with the lighter green of poplar to embower great fish-thronged lakes, the dens of fur-bearers and underground vaults of mineral wealth through which thread streams broken by waterfalls and rapids; of a vast unexplored hinterland, devoid of trees but containing big lakes and rivers winding towards the eternal ice and snow of the polar cap.

That's Saskatchewan.

For Saskatchewan, one of the central provinces of the Dominion of Canada is an empire in itself, containing an area of 251,700 square miles—larger than any state in the American Union except Texas and greater than any country in Europe except Russia. This big unit houses a wide range of climates, a big variety of topographical and geographical features and resources almost illimitable to say nothing of a cosmopolitan and virile people.

At present the bulk of Saskatchewan's population, estimated at 866,700 in 1929, is located in the southern or agricultural portion of the province, and seventy per cent. of the people till the fertile soil and tend flocks and herds. Agriculture has been, and still is, the main source of revenue for the people of Saskatchewan, but in the last year or two an evolution has set in with the establishment of larger and more industries in the urban centres, an energetic and increasingly expanding production of commodities processed from the better-known mineral deposits in the south and a vigorous prosecution of the search for and development of the metallic minerals and growth of the fish, fur and forest industries in the north.

This recently augmented industrial activity, an epochal event, has resulted in a remarkable stimulus to

urban growth in the last year or two, and Saskatchewan cities of the present day afford all the comforts and amenities of the larger centres of Eastern Canada and the United States. Magnificent public buildings, up-to-date apartment blocks, handsome residences, fine warehouses and factories, beautiful parks and many public utilities combine to make the cities of Saskatchewan the pride of their occupants and the wonder of visitors, and automobiles furnish facilities for communication and transit: there is a telephone and an automobile for every eight residents of the province. Railways are filling in the few remaining gaps in the settled portion of the province with great speed, and are now pushing their fingers of steel into the yet unsettled north. Towns and villages, stores and schools are to be seen every few miles.

Regina, the capital of this Empire-

Saskatchewan Legislative Building

who marvel that so much has been wrought in the less than a quarter century of the province's existence.

And these signs of prosperity and achievement are not confined to the urban centres. Outside the gates of these cities and throughout the rural districts are to be seen thousands of well built, commodious farm houses with large painted barns and other buildings in grounds surrounded by shelter belts of trees and ornamented with shrubs, flowering plants and vines, Past these farms run well-graded earth or gravelled highways. Telephones

province, where the biennial meeting of the Canadian Nurses Association is to be held in June of this year, is the site of the parliament buildings and the seat of the provincial government. With a population of over 60,000, Regina is the largest industrial centre in Saskatchewan, and has grown fifty per cent. in the past three years, and all previous building records were broken in 1929. The city is served by the two transcontinental railway systems and is rapidly assuming all the earmarks of an important commercial and educational centre.

Department of Nursing Education

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Study Methods and their Relation to the Student Nurse

By WINIFRED L. CHUTE, B.A., Instructor of Nurses, Brantford General Hospital, Brantford, Ontario.

A certain relation must exist between the way a person learns and the method one uses in studying. We are taught by others, we learn by the application of our minds to the given task. The verb "to learn" is always active, it is never passive. Study has been defined as the application of our minds to what is happening around us, to enable us to intelligently carry out our work in relation to our surroundings. Therefore the sum total of study should be such an organisation of facts which shall enable us to work intelligently. In a prescribed course of study you have a limited range of facts, facts which have a definite relation to the work which you are doing. Thus this eliminates the necessary sorting of essential from non-essential facts in your mind. for there should be no "overhead" subjects in a well balanced curriculum.

Habit is an essential personal factor in study. Unless the mind is trained to apply itself to the things heard ("taught" element) and to the things read ("learn" element), it is necessary to form definite study habits. The essential element in the study habit is attention. Psychology tells us that the mind must first have an interest element, this may be natural interest or forced interest, before it can be attentive. In the curriculum of a training school for nurses, the interest element should be present naturally, as we tend to be interested in subjects which can be correlated; as for example, the study of pathology in pneumonia and the nursing care in a pneumonia patient. The subjects taught in a training school deal only with facts that are essential in a nurses' work. If all facts are important, how can you best study to make them your own, to have them ready for use when required? This required use may be in writing an examination at the end of a lecture course or what is more important to enable you to care for your patients in the best way possible. We cannot allow ourselves to indulge in even the thought of inattention. It is the most dangerous habit the student may have. It has been said by a certain student of the mind that "no human being will ever succeed in study or anything else who allows this habit to grow upon him." This is the habit which allows you to miss altogether the trend of the lecture, to leave blanks in our notes or to have spent an hour reading a chapter in anatomy or a note book without remembering one word or retaining one thought of all that one has read.

Study is an organisation of facts. We learn by means of knowledge which we have already attained. For example, while taking a pulse you recognise that it is of irregular beat, you have heard this type of pulse described, now you feel it, later you study about it in relation to certain diseases, thus your knowledge of irregular pulse rate is obtained. A training school is unique in the material offered for this type of study, as the nurse is working constantly in a laboratory where she can observe the facts which science has pointed out. You are told that certain objective symptoms shall be found in a

given case and you can each day observe these symptoms on a patient.

We can then draw this conclusion that the necessary equipment for study is (1) a mind trained to attend to the spoken and the written word; (2) a mind trained to add new facts to ones already learned and thus build up knowledge by correlation.

A few general methods are suggested by the preceding facts. By means of attention to the spoken word and the correlation of these words to already known facts make the lecture period a study hour, so that by the end of the period you have a definite outline of the lecture in your mind, to be recalled and enlarged on later (the sooner the clearer the recall) by reading the notes which you made during the lecture. Determine the length of time which you can give attention to the written word and make your study period coincide with this as twenty minutes of undivided attention is of more value than one hour of inattention. Then working from the knowledge of your "attention time" outline a study time table for each week and adhere, in as far as possible, to it.

Treated in this way, lecture periods and subsequent study do not stand in apposition to the ward work and become merely something to prepare you for the concurrent examinations and the terminal registration examinations but they become a part of your life in training, in preparation for that which shall always be the aim of every training school, the better care of the patient.

Nursing School Problems in Smaller Hospitals

By M. IRENE McQUADE, Assistant Superintendent of Nurses and Instructor, Plummer Memorial Hospital, Sault Ste. Marie, Ontario

At the present day the cry throughout the nursing world is for separate Schools of Nursing, where the training school is responsible for the education of the nurse, while the hospital is responsible for the care of the patient.

The primary aim of the hospital always has been, and must be, the care of the sick, but the education of the nurse, especially in the smaller institutions, is secondary to the exigencies of the hospital service. Those in charge of the larger institutions are striving to find some solution for the problem of adjusting the conflicting demands of the hospital and the training school; and the establishment of autonomy for Schools of Nursing seems to meet the need.

In the more isolated districts student nurses are still "maids-of-all-work" for the hospitals, and the so-called instructor has divers duties in connection with the running of the institution and care of the patients, which must take precedence over the education of the nurse. Clinical material is limited, patients seek the larger centres if their ailments are not acute; and while the provincial organisations set the pre-requisite educational requirements and the curriculum to be followed, how much of the instruction in the etiology and treatment of a case of acute nephritis is the nurse going to carry away from the training school with her when she has, perhaps, seen one case in the three years of her training?

Some small hospitals do not even provide a class room for instruction and demonstration, an empty private room or the superintendent's office must be used at the odd hours when available.

Many nursing procedures can best be taught at the bedside of the patient, but private and semi-private patients often object to the instructor bringing one or two different nurses each time the treatment is done, and in some instances, by the time the treatment has been demonstrated to all of the students in turn, the patient

is ready to leave the hospital and the opportunity for practice does not occur. In other cases it is possible to correlate theory with practice for one or two students, but quite impossible to maintain a proper sequence of lectures for all.

Sometimes a Chase doll cannot be procured; this, however, can be improvised for demonstration and practice by stuffing firmly with excelsior a suit of cotton underwear, using white cotton stockings for the legs and feet, and stockings and gloves for the arms and hands. The head may be made with unbleached cotton, shaped and stuffed in the same way, but its usefulness is very limited.

It is difficult to hold the interest of the students if the instructor must leave a demonstration unfinished because of an emergency in the wards.

The governors of these small hospitals are proud of the fact that they have training schools, without in the least realising that they are responsible to the community for the education of the students and for the facilities, the equipment and financial support necessary to conduct the school. The governors and the community as a whole must be educated along these lines, and much time and patience are still required.

In the large centres these problems are perhaps less complicated, for there the control of the policies of the School is largely in the hands of the superintendent of nurses, but in the smaller districts it is often very difficult to persuade the Board that the training of the nurse is a form of professional education and not a training in a handicraft.

(Contributed by the Section on Administration in Schools of Nursing of the Alumnae, School of Graduate Nurses, McGill University.)

FRIENDSHIPS

The greatest business in all the world
Is that in making friends,
In fact, no business on the street
Pays bigger dividends.

For life is more than stocks and bonds,
And love than rate per cent;
And he who gives in friendship's name
Will reap as he has spent.

Life is the great investment,
And no man gives in vain
Who guards all of his friendship
As a miser would guard his gain.

Then give to the world a welcome
Each day whate'er it sends,
And may no mortgage e'er foreclose
Our partnership as friends.

Department of Private Duty Nursing

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The Trend of the Times in the Nursing World

By MABEL M. McMULLEN, St. Stephen, New Brunswick

Nursing, like all other lines of human activity, has enlarged its scope and application. The historical record shows that from the beginning of time, there has stood out in the annals of the human thought, three vocations: the nurse, the doctor, and the priest. As applied to the social order, ours is the oldest, and while the doctor and the priest may occupy a larger sphere of social activity, yet our contacts are as intimate as either and more frequent than both. To harken back to the period of the cave-dwellers, we find the nurse an integral part of the social organisation. In sacred and profane literature, we have repeated references to the glorious and magnificent spirit of womanhood as exhibited in nursing capacities. One of the most touching episodes in Biblical history, is that of the daughter of the Egyptian King, discovering the babe Moses, adopting him as her own, and engaging his own mother to be his nurse. Another is the story of Rachel, in hard labour, when her nurse said unto her, "fear not, for thou also shall have this son."

One of the most courageous is that of Rizpah, watching over the sons of Saul, as they were sacrificed to the Gibeonites. One of the most beautiful, is that of Dorcas, giving of her labour, as well as her material wealth, in the service of others. And again we have one Deborah, drastic in character, austere in personality, somewhat cold in sentiment, leaving the nursery to go forth to the battle field, thus if you will, lending a militant note to nursing.

And another Deborah, Rebekah's nurse, who died and was buried beneath Bethel, under an oak tree, and the name of it was called Allonbach-uth, meaning the "weeping oak," this possibly is the first nurse's memorial.

The story of beautiful ladies, nursing the Knights of the Round Table, and the administration of Elaine to Lancelot is one of the most superb dramas of legend. Probably the strongest and most impelling motive of the order of nursing was, primarily, religious zeal, which impelled woman to nurse the sick as a charitable duty. We can see the close association between religion and nursing, as indicated in the names of some of the greatest and largest hospitals, such as the Hotel Dieu in Paris, and St. Thomas's and St. Bartholomew's, in London. The Crimean War provided the opportunity for Florence Nightingale to apply her remarkable gift to organised nursing, and to the reform of hospital administration.

With the very marked and rapid division of labour, the advance of learning, and the organisation of society, we find the nurse occupying a recognised place in the community.

From the day of Florence Nightingale, to the present day, there has been a marked change in the character and technical details of nursing. From simple attendance upon the sick, and looking after their physical needs, the nurse has become a business woman of the community. After graduation she has a choice of

(Read at the annual meeting of the New Brunswick Association of Registered Nurses, September, 1929.)

many activities and a wide latitude of application. She may do nursing as applied to hospitals, sanatoria, physicians' offices, private and public laboratories, she may engage in private duty nursing, industrial activities, in bureaus for periodic health examination, as anesthetists, as public school nurses, as Red Cross nurses, as social service workers, as public health nurses, as nurses in free clinics, or as nurses in free milk stations.

She may embark upon foreign missions, and occasionally she may find herself amongst the luxurious class, as a professional travelling companion.

"Behold the old order changeth, and yieldeth place to the new." And behold: the "modern" has arrived in nursing as in other walks of life—with her bobbed hair, artful application of cosmetics, and present day social viewpoint. Changes or reformation in dress and manners, are as certain as epochs and periods of time, and to hold back time is foolhardy. The early reaction of hospital administrators and educators of nurses was a natural one. Her appearance was such an extreme contrast to what had previously been considered that of a nurse, that it seemed impossible at first to accept her, however, despite early opposition, nearly all hospital administrators have capitulated.

To see suddenly a unified number of faces, with some bloom of colour, acquired or otherwise, was a decided change for hospital administrators, the public, and the patient. Indeed, the shortening of the nurse's day, which gives her an opportunity for needed recreation to produce natural colour, is still a modern tendency confined to some schools. Just here may I digress a bit and say, that the artless application or too vivid application of acquired colour, surely shocks the finer aesthetic tastes in these days when the use of cosmetics is an accepted custom. Sharp the contrast of her bobbed hair, compared with that of her predecessor's long tresses, blooming her complexion, compared with that of her sisters of yesterday, but one firmly implanted tradition still remains as a strong reminder of the institution—the uniform—its cut, its style, its colour, still remains, to general observation, as that worn by the pupil nurse of previous years. Starched and cleanly fresh, in her historic uniform, she is still as essentially feminine, and pleasing to the sick. It is like unto the garb of the Sister of Charity, or that of the Breton peasant. It is both historic and symbolic.

Mere externals will not suffice to create the nurse, a woman in a nurse's uniform may not be a nurse, she may be an actress or a mere impersonator, and unless endowed with certain qualities she cannot prove her reality. When we disregard the externals of the modern nurse do we find her lacking under her changed exterior? No; she is as eager to soothe and nurse the sick as her sister of yesterday; she wishes to do it skillfully and technically, she has as fine a finesse as her older sister, and she improves with knowledge and experience.

Intellectually, she is as brilliant as her predecessor, if not more so, for a higher standard of education is required than in years gone by. That the patient and public like her and accept her is evident, and who realises this better than her older sister, who succumbs to her influence, bobs her hair, and acquires a vanity case?

As I write I recall the Memorial to Florence Nightingale, pioneer of trained and skillful nursing, which stands in Derby, England. And I recall the picture of the memorial window, to be unveiled next October in the chapel of the Southern Hospital in Liverpool, England, dedicated "to those who have lived and died in the ministry of nursing." It represents Florence Nightingale in a dress of beautiful rich blue, lamp in

hand, with a dog at her feet. The figure stands under a canopy, against a silvery background, while below in a predella, she is shown giving a drink to a sick soldier.

The Canadian Nurses' Memorial, in the Hall of Fame, at Ottawa, was erected by the nurses of Canada, "in rememberance of their sisters who gave their lives in the Great War." The Edith Cavell Memorial Statue stands opposite the Portrait Gallery, London, England.

Nearer home we have in a general public hospital, Saint John, the Anna Stamers Memorial, dedicated to one who lost her life during the war. And in the lobby of the Chipman Memorial Hospital, St. Stephen, we have a bronze tablet, dedicated to Jean Dalzell, who died doing voluntary service at the Grenfell Mission, age 25 years, young to die, a modern nurse, but she surely had the true spirit of nursing.

I might go on to speak of the shorter hours of the nursing day, of the comfortable nurses' homes now erected, with different forms of comfort and recreation, of the strides along the lines of nursing education, of the standard curriculum, of the efficient head nurses and instructors, now employed in the hospitals, so that there is now no longer any haphazard way of acquiring a training, and of the present day student government.

But I have talked long enough; and in conclusion will say what leaders of the nursing profession say: "that nursing education is in its embryonic state, and leans forward to be supported by the strong healthy arm of the young graduate, who is the hope of the coming generation in nursing." *Welcome to her*— Even with the vigilant public eye on her may she lead her own life, and keep her individuality, and God grant that she may always have poise, grace, character, and keep forever the true spirit of nursing.

An Experience at Sea

By Miss ALICE BULLIVANT

The following letter written to the Registrar of the Central Registry for Ontario has been forwarded to the Private Duty Nursing Department. The writer, Miss Alice Bullivant, after a visit to the Old Country, sailed on the "S.S. Baltic" on November 30th, 1929. Miss Bullivant graphically describes their experience as they neared this side of the Atlantic.
—Editor's Note.

"It was 10 a.m. Friday, December 6th, 1929. Our boat, the S.S. Baltic, was sturdily ploughing its way through a gigantic sea. Being approximately 450 miles out from the Newfoundland banks, there was a decided icy twang in the air. Very few passengers braved the cold to pace the upper deck (the other decks being out of bounds owing to the heavy seas); most people were in the lounge listening to the strains of an excellent orchestra.

"Suddenly there was a cry. A small fishing schooner had been sighted and everyone flocked to gaze at last upon something more than seething waters. Within a few minutes the S.O.S. flag was discovered. This is a red ensign flown at half mast on the starboard side of the ship. We discerned six men on board and could see that the deck was washed clear of rigging and gearing, etc. With every enormous wave this fascinating little schooner disappeared and we all held our breath anxiously waiting for the rise of the brave ship, and wondering if it would really survive the intense anger of the mighty Atlantic. To make matters worse a snow flurry came along which only made rescue more difficult.

"In the midst of all this strain and excitement we suddenly realised that

there was a terrible stillness on board our ship. The engines had stopped and we were 'standing too' to rescue the perishing. The donkey engines started and looking over the side of the ship we saw one of our lifeboats being lowered, manned with eight sturdy seamen under the command of the third officer. The whole crew, we were later informed, were volunteers. With very careful precision the boat went slowly down the side of the ship. Several pails of thick oil had been thrown overboard to enable our lifeboat to settle fairly calmly on the water. Many times had I read of oil being thrown upon the waters to calm the angry sea but never did I think I should actually witness such a sight.

"By this time the schooner had been tossed closer to us and we could see that she was 'The Northern Lights' which, from the name, we judged to be from the Newfoundland shores.

"Have you ever, in your mind's eye, pictured a lifeboat, an enormous thing at close quarters, but such a wee helpless looking boat in the midst of a roaring sea, trying to work its way to a ship in distress? It is an unforgettable sight. For over an hour we witnessed perfect seamanship, admirable control and intense patience before there was even a glimmer of a hope of any rescue. Our crew were all equipped with lifebelts, which appeared such futile arrangements in the midst of all this tumult. Every time our men got nearer the schooner a huge wave would wash them just as far back again.

"After what seemed an eternity we saw the old skipper of the schooner tie a rope to a spar and throw it in the direction of the lifeboat. Many more waves went by before the man in the stern of the boat was able to grasp the line with a long hook. What sighs of relief to know that at least so much had been accomplished! The boats now made closer contact but great care had to be exercised to prevent the boats from being carried into each other. Each time the line pulled tight a man bravely grasped it and jumped into the icy raging sea, working his way along the rope to the lifeboat. Breathlessly we watched and saw the first man hauled into the boat with great difficulty. He was nearly exhausted. Some time elapsed before the second one went overboard, the skipper in the meantime struggling with him to try and tear off his heavy oilskins. It seemed that this man was the skipper's son, who had been ill with pneumonia for two days and was delirious. The thought of rescue was too much for him and he commenced to laugh deliriously and would not take off his heavy things. The father tore off all but his heavy sea boots and the lad jumped overboard with them on. Just as he was about to be hauled into the lifeboat a heavy wave came—the boy's hands left the rope and he was gone. Imagine the feelings of the spectators, let alone the brave men in the boat. It was all so tragic, but more so when I tell you that the previous night his other son, aged 17 years, was washed overboard, so you can comprehend my inability to describe it more minutely.

"At last all hands were aboard, the ship was abandoned and the return on the perilous sea was begun. At first it seemed as if the Atlantic was loath to part with her prey, but in the end seamanship prevailed and amidst great upheavals each man was pulled up the rope ladder into safe keeping. The third officer was the last to leave the lifeboat and it was only with great difficulty and perseverance that he was eventually landed on the deck. Our lifeboat was carried away by the sea and it was out of the question to attempt to regain it. However, this was the least of our worries as the men on board were to be taken care of. Each was given half a bottle of rum, a hot bath and put to bed in the ship's hospital to sleep and sleep.

"That night they were much better and the story of the brave schooner and its crew was related by the old

skipper, who was, however, too weary with grief at his dreadful loss to raise his head.

"A week before they had sailed from the port of Saint John, New Brunswick, with a cargo of eight tons of wheat and molasses to be delivered further along the coast at a place called Bona Vista. In fine weather this is a 12-hour trip, but because of the adverse conditions they allowed 24 hours. They had not been at sea very long before a terrific gale tore down their sails and rigging, and all the gearing and tackle was washed overboard and they were carried out to the high seas. For six days and nights they had been tossed about the Atlantic with no possible conception of where they were, but hoping and praying to see a liner. Two days before they were rescued the fresh water tank burst and the remaining food was soaked with salt water, rendering it impossible to eat. To make things worse, the ship was beginning to be water logged. Each night they took it in turns to sleep for so many hours, lashing each other to the deck. The night before we sighted them they heard a boat and released their one and only flare. This brought no result and they decided that it must be the end, until they were later overjoyed by the sight of our large ship.

"A passenger on the boat had a moving picture camera and took several feet of film, so that by the time this poor little apology of a description reaches you, you will have seen a picture of the whole event. The Marconi man on board wirelessed the news to the British Isles and to New York, but however well written the episode is, it will never give a clear picture. It was a sight I shall never forget and if one could forget the tragedy of it all, it is one I am so glad to have been able to see.

"The chief concern of the third officer was that in the rush he had accidentally put on his new uniform jacket which had caught part of a bucketful of oil as it was being thrown overboard."

Sick Insurance

In a recent address on Sick Insurance, J. W. S. McCullough, M.D., D.P.H., of Toronto, stated the following conclusions whereby a State system of health or sickness insurance, including an improved public health service, is desirable:

1. A sense of security in time of sickness on the part of the entire insured population.
2. Medical attention to those not now in a position to obtain such attention.
3. Early recognition and treatment of minor ailments, and the possible prevention of incurable conditions.
4. A clinical record of a larger portion of the population.
5. A feeling of greater financial security among doctors who serve the industrial population.
6. A certain assured income.
7. Participation in and remuneration for certain public health services.
8. The spread of health education among the people.
9. Early discovery of children's defects through medical inspection of schools.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss MARY MILLMAN, Department of Health, Toronto, Ont.

Staff Education in the Victorian Order of Nurses

By MARION E. NASH, Supervisor, Central Division, Victorian Order of Nurses, Montreal.

Nurses the world over now realise that they do not bid goodbye to books and lectures when they don their hospital pins. There are no half measures; they must either go forward or slip back and become old and stale. Sometimes, however, it is difficult to keep abreast of the times because of the lack of time or the provision of organised plans for study.

In the Montreal District of the Victorian Order of Nurses, this need is met by regular weekly conferences held in each district office. There is a danger, that these conferences may become the special property of the supervisor. To prevent this, it is planned as much as possible to have the members of the staff take a very definite part, each contributing some material to each conference.

In order to give the nurses practice in organising and planning group talks it was suggested that they prepare, during the winter, a series of ante-natal talks for mothers, these talks to be given at the district conferences. The nurses chose their own topics, and with some help from the assistant supervisor prepared, and gave four papers, which will be duly published in this Journal.

This plan is of value—

1. To the Staff Nurse:

(a) Because it provides her with the incentive to do considerable reading.

(b) The opportunity to do some creative work.

(c) The opportunity to do some public speaking.

2. To the Supervisor:

(a) It enables her to evaluate the teaching ability of the nurse.

(b) To select nurses best suited to answer the call for "health talks".

(c) The opportunity of knowing, and consequently being the better able to strengthen the weak joints in her armour.

3. The whole group is benefitted by the discussion which follows and the new nurses on the staff are helped and stimulated.

To make reference reading easier a committee, appointed each month from the staff, looks through the magazines and tabulates and files all articles that they consider will be of value to them in their work.

No extra time is allowed for any of this work. If possible, some of it may be done in office time, and the stenographer does what she can to help. The benefits that accrue to the nurse should more than offset the disadvantages, and most of the nurses are willing to admit that the time is well spent.

It is thought that some of the readers of "The Canadian Nurse" might be interested in this effort, and the results, and it is hoped in the near future to publish the series of talks on the pre-school child.

Outline of Introductory Talk to Expectant Mothers

By ISABEL S. MANSON, B.A., School for Graduate Nurses, McGill University.

I.

INTRODUCTION: Meaning of the word Pre-Natal—Aim and purpose of Pre-Natal Classes.

1. To learn how to care for the baby in the important months of his life before his birth.

2 To learn the best care for the pregnant mother herself.

3. To learn how to prepare for confinement and the arrival of the baby.

In order to know what is good for mother and baby, we must begin at the beginning and learn something about where and how the baby grows, and what is going on in the mother's body during pregnancy.

A.—THE STRUCTURES AND THEIR FUNCTIONS

1. THE PELVIS—A cradle with a bony framework surrounded by muscles. (Show chart of bony pelvis). The bones give support and protection. Lying within the cavity of the pelvis are various organs. The most important among them for the present study is:

2. THE UTERUS OR WOMB—This organ, in the non-pregnant state, is about the size and shape of a pear. It is made of layers of muscles, and has a very small hollow inside. (Chart of uterus, tubes and ovaries.) The uterus has a soft moist lining, not unlike the inside of the mouth.

3. THE TUBES—There are two small tubes entering the uterus near the top. These are more or less funnel shaped, the larger ends having fringed margins.

4. THE OVARIES—Quite near the fringed end of each tube, there is a small organ about the size and shape of an almond. These are the ovaries. In each ovary are many cells so small that even when full grown they can barely be seen. When one of these cells becomes quite mature, it breaks through the covering of the ovary. The fringed edges of the tubes gently sweep it up and it is carried along the tube.

B. THE BEGINNING OF BABY'S LIFE

It is usually in the tube that the male cell meets the female cell and they fuse into one. This one cell continues through the tube into the uterus and there it lodges in the soft spongy lining—usually fairly high up in the uterus.

With the meeting and fusing of these two little cells, baby's life has really begun. That one cell grows then divides into two. Each of these grows and each again divides into two and so a cluster of cells appear.

If you could watch the process with a microscope you would soon see that the shapeless mass of cells was changing, growing in a systematic way and taking on definite form.

At the end of two months you would have no difficulty in making out the whole shape of the baby's body with all its parts. (Chart of two month foetus in utero.) You would see the tiny baby surrounded by fluid enclosed in a skin bag.

If you look at the chart you will see between the skin bag and the uterus, the after-birth or placenta. It looks like a round flat cake, and it grows as the baby grows.

The baby's navel cord is attached to the placenta and its blood vessels run through the cord and down into the placenta, like roots of a plant.

From the other side, the mother's blood vessels grow into the placenta and branch out in the same way so that although they are not actually joined, the blood vessels of mother and baby lie very close together.

C.—HOW BABY GROWS

When you think that a tiny cell smaller than a pin head grows in

nine months to be a full sized baby, you begin to realise how much has to be accomplished during the time of pregnancy. Fortunately nature looks after the method of growth, but proper building materials must be supplied. There is only one way the building material can reach the baby and that is by way of the mother's body.

When the mother eats food, it goes through a process of digestion. The useless part is cast aside to be eliminated through the kidneys and bowels. The part the body really uses, becomes a rich liquid which soaks through the thin walls of the intestine into the blood stream. Part of this blood flows through the big blood vessels of the uterus and to the placenta.

In the placenta you saw that the mother's blood vessels lie very close to the baby's. The liquid food, therefore, soaks through the thin skin of the mother's blood vessels and the baby takes it up in his blood vessels, just as a plant takes food through the roots.

In baby's growing body there are wastes to get rid of and this goes back by the return route. The mother's blood soaks it up and she eliminates it along with her own waste. So that in the placenta there is a constant interchange taking place.

This is a picture of where and how the baby grows and what is going on in the mother's body during pregnancy. We can see more clearly now the need for the mother to keep herself in the best of health, to choose her food carefully, and to do all she can to ensure its proper digestion. We shall speak more fully of these matters in other lessons.

D.—Need for Medical Supervision

We can see, too, how important it is that the mother should consult a good doctor as soon as she knows she is pregnant.

1. General Health: Lungs, heart stomach, throat, teeth, ears, etc. Importance of locating any disorder in its very beginning.

2. The Kidneys: There is a double strain on the kidneys during pregnancy and constant supervision is necessary. Blood pressure and urine tests at frequent intervals.

3. Measurements of the Pelvis (outside and inside)—Baby must be born through the opening of the pelvis. If the pelvic bones are misshapen there may be great difficulty unless the doctor knows before the time of the labour.

4. Position of Uterus and Position and Size of Baby.

5. Location of Placenta — If after-birth has grown low down it may partly or wholly cover the opening of the uterus. This may be a very serious matter unless the doctor knows about it in time and is prepared to handle the case accordingly.

E.—Summary

1. Where and how the baby grows:
(a) Structures of the mother's body and their functions.
(b) The beginning of the baby's life.
(c) How the baby gets his food.
2. Care of mother and baby during pregnancy:
(a) General health.
(b) Food.
(c) Doctor's care.

F.—Suggested Questions

1. What provision does nature make to protect the unborn baby from injuries?
2. What is the use of the placenta?
3. Why does the baby lie with his arms and legs bent?
4. Has the baby any direct connection with his mother?
5. Is it likely to be marked because the mother has had a fright?
6. Why is the urine examined during pregnancy?
7. Why should the mother see the doctor more than once?

Diet—A Group Talk

By ROSE TANSEY, Public Health McGill, 1928, Staff Nurse, V.O.N., Montreal

II.

AIM—(a) To give to the mothers some knowledge of food requirements of the normal individual.

(b) Food requirements of the expectant mother.

INTRODUCTION

1. Review of subject matter of last lecture:

(a) Picture of how baby lies in uterus.

(b) Process of waste elimination.

(c) Changes taking place in uterus to allow for growth and development.

(d) Protection of baby in uterus.

2. Today's topic: Food—(a) What expectant mother should eat; (b) Why.

3. Short discussion of (a) Food in general; (b) Food for the expectant mother.

DEFINITION AND PURPOSE OF FOOD

1. Food: Any substance which when taken into the body builds and repairs body tissues, yields energy or helps regulate body processes. (Wood and Weekes).

2. Comparisons: Human body like engine and like house. Engine needs fuel to keep running. It has to be built and must be repaired from time to time, it must also be regulated. House needs bricks, mortar and paint; it needs fire to keep it warm, and must be repaired from time to time, the steps painted, floors waxed, etc.

3. Fuel: The coal and wood put into the fire which gives heat and energy are the sugars and fats: (a) Cane sugar, cereals, potatoes, breads; (b) butter, cream, lard, oils.

4. Building and repair: Constant using up of muscles and tissues means constant rebuilding and replacing. Bricks put in and glass in windows. "Body Bricks" that make teeth and bones are the proteins and the mineral salts: (a) Meat, peas, beans, nuts, milk; (b) milk, green vegetables and fruits.

5. Regulating Body Processes: The fire in the engine needs to be regulated, there must be water, the engine must be well oiled, and the ashes must be taken care of. The agents doing this in food are the minerals, found in vegetables, fruits and milk, and of course water is needed in any cleansing process.

6. Last of all are vitamins or protectives, never found alone, but combined with other food elements, such as milk, cream, butter, cheese, liver, green vegetables, oranges, lemons, cod liver oil.

7. Foods which fill almost all requirements: Milk and green leafy vegetables.

8. Foods most necessary for pregnancy: If milk and green vegetables fill almost all requirements for normal healthy individuals, so much more reason to concentrate on them when carrying baby. Baby needs heat and energy, bones are in process of formation, teeth are being developed; when baby is born all teeth, milk and permanent, are in the gums, and later years only bring them forth.

SOURCE OF BABY'S FOOD.—Every bit of nourishment comes from blood of mother, but before it reaches mother's blood, it has to be broken down into its various parts, so that each organ can get just what it needs.

Now foods easiest broken down should be best; therefore, use plenty of milk and green vegetables.

NUMBER OF MEALS.—If not able to eat three regular meals, take smaller meals at more frequent intervals.

INADEQUATE DIET.—Thin undernourished baby. Baby must have calcium and will take it from mother's teeth and bones (Pattee). Weakening of bones and teeth, that is common in pregnancy, held to be largely due to withdrawal of calcium from mother's bones to meet requirements of body in the uterus (Sherman).

NECESSITY OF MINERAL SALTS EVEN AFTER DELIVERY.—Calcium demand satisfied for several months through

mother's blood, therefore mother needs milk and green vegetables. Mammary gland requires a great deal of calcium and phosphorus to work properly; amount taken from mother must be replaced (Sherman).

SPECIAL FOODS.—No one special food. Nature has made no complete food. (Eddy).

INCREASE OF FOOD.—Time: none up to fifth month, growth slow. Nine-tenths after that. Excess stored up in mother's body and bones.

FOODS TO INCREASE ON.—Milk, green vegetables, fruits. Reason: more minerals and vitamins, prevents constipation.

SPECIAL HELPS FOR CONSTIPATION. —Foods: Apples, grapefruit, oranges, dates, figs, prunes, asparagus, lettuce, cabbage, tomatoes, carrots, coarse breads, cereals, bran muffins.

Regular time for evacuation.

Special oils, but only under orders.

MORNING SICKNESS. — Theories: (a) Poisoning due to incomplete establishment of connection between the baby in the uterus and the mother; when complete, stops (Proudfit); (b) Purely neurotic; (c) Digestion going on all day, food taken in, stomach empty in morning, processes still going on, therefore nausea (Goodall); (d) Presence of foreign body.

PREVENTION.—(a) Food before getting up in the morning, cracker, then rest one-half hour; (b) Increase fluids; (c) Increase sugar; (d) One teaspoon of sulphate of magnesium every morning in glass of water (doctor's order).

SYMPTOMS NEEDING DOCTOR. — Headache (severe); Swelling of fingers over rings, puffiness of face; Dizziness; Persistent vomiting; Bleeding, even if only a few spots at intervals (no healthy woman ever menstruates right through pregnancy) (Fraser).

SUMMARY.—There are, then, two or three points in connection with food that are important for us to remember:

(1) Food is required: (a) for energy; (b) for growth and development.

(2) Foods that most nearly satisfy all requirements are milk, fruits, and green leafy vegetables.

(3) Whole grains and cereals contain more food value than the refined flours and cereals.

(4) An inadequate diet, especially if lacking in mineral salts, results in poor bony development for baby, and destruction of mother's teeth.

(5) Food should be served at regular hours and thoroughly masticated.

(6) Food should be attractively served.

(7) Last, but by no means least, a cheerful, happy frame of mind at mealtime is all-important for good digestion.

FOREIGN NURSES STUDY IN TORONTO

Miss Marya Sieber, a graduate nurse from Zagreb, Jugo-Slavia, is in Toronto studying dietetics. This course was arranged through the co-operation of the Toronto General Hospital, where she has spent six months. In November, Miss Sieber was in the Hillcrest office of the Department of Public Health, Toronto, for three weeks' observation. During this time she visited in the homes, schools and child health centres. She made special visits to the Household Science classes in the public and technical schools and to a Day Nursery to observe the management of meals.

Miss Helen Lovelace, of the Department of Public Health, Syracuse, N.Y., was given a scholarship by her fellow nurses to spend one month in observation work with the Department of Public Health, Toronto, during November, 1929.

The Department of Public Health Nursing of the University of Toronto is privileged to include in this year's enrolment two diploma students from the Orient, Miss Vera Nieh of Peiping, China, and Miss Frances Lee, of Seoul, Korea. Mrs. Bucsan, a Roumanian, is undertaking some months of special study, and upon her return will engage in administrative and teaching work in the School of Public Health Nursing in Cluj. In addition, the Department has been called upon to arrange experience varying in content and duration for several special graduate students.

Through the continued and generous co-operation of the Toronto General Hospital, the Municipal Department of Health and the Toronto Branch of the Victorian Order of Nurses, such experience is made possible.

Book Reviews

Student's Handbook on Nursing—Case Studies, by Deborah MacLung Jensen. 114 pages. Published by the Macmillan Publishing Co. of Canada, Toronto, Ont. Price $1.40.

Having been written as a result of research and personal experience, this book is essentially practical and thoroughly helpful. The aim, as stated by the author in the preface, is to help direct students who are being instructed by this method is schools of nursing today.

The book is well organised, concise, and is written in interesting, non-technical language describing a method of case study unique in its simplicity.

There is abundant evidence that the outlook and needs of the students for whom the book has been written have determined the contents of the eleven chapters.

The opening chapters deal with the historical background and the value of nursing case studies, general principles, types of cases, sources of information and aims. Then follows typical nursing case studies with special adaptations for use in the special departments. A feature is the type of case study best suited to the needs and outlook of the student on night duty, and show a unique grasp of the principles and their application.

Many nurses have been looking for just such help as Mrs. Jensen's book gives, in introducing this method of teaching nurses to teach themselves and it should be on the reference shelves of all nursing libraries.—KATHERINE H. SCOTT, Instructor, Toronto General Hospital.

Nurses Handbook of Obstetrics, by Louise Zabriskie, R.N. Published by J. B. Lippincott Company, 201 Unity Building, Montreal, P.Q. Price $3.50.

In this book the author selects and presents in order all the essentials of nursing care. She describes how the nurse can adapt the principles she has learned in the hospital to the home, where she must rely on her own resources to provide the necessary equipment.

The book is divided into six parts, the first four chapters being well illustrated on Anatomy and Physiology as a basis for and in relation to Obstetrics.

The second part is devoted to Prenatal Care with interesting discussions on "Mental Hygiene and Pregnancy".

Part three gives a clear description of labour under three headings: (1) The Phenomena of Labour; (2) Conduct of Labour; (3) Obstetrical Operations.

The Post-Partum is dealt with in part four giving the Physiology of Puerperium, Post-Partum Care, and Post-Partum Complications which may arise.

Part five is divided into five chapters, and well illustrated: (1) The Care of the Newborn; (2) The Premature Baby; (3) Infant Feeding; (4) Injuries and Diseases of the Newborn; (5) After Care of the Baby.

Perhaps the most valuable portion of the book is part six, the subject "Motherhood and Human Welfare".

The subject is presented in such a way that it will be helpful both in theory and practice. The book can be recommended for use in all schools of nursing and it should be of inestimable value to all instructors in Obstetrics as a reference book.—CLARA J. HUNTER, Supervisor, Obstetrical Department, Winnipeg General Hospital.

BOOKS RECEIVED

Essentials to Chemistry, by Gretchen O. Luros, B.A. Published by J. B. Lippincott Co., 201 Unity Building, Montreal, P.Q. Price $3.00.

Our Thanks

Many most delightful messages for 1930 were received at the National Office of the Canadian Nurses Association. These brought greetings and good wishes from the President of the International Council of Nurses and from the staff at International Headquarters in Geneva; others were received from national organisations of nurses and individual nurses in other countries, while hundreds have come from subscribers to "The Canadian Nurse."

It is not possible to express individually the appreciation of the staff at the National Office to each message received; however, the members of the staff deeply appreciate their work being remembered so kindly. Such messages and the few words of encouragement and commendation assuring the good will of the nurses, so often found included with correspondence, make it really worth while attempting to carry on national organisation and journalistic work.

News Notes

MANITOBA

BRANDON: The Brandon Graduate Nurses Association met for the December meeting at the Mental Hospital. Dr. Barager gave an interesting paper on the brain, its structure and functions.

Miss Mildred Brownell (Winnipeg General Hospital, 1929) has joined the Provincial Public Health staff at Brandon, filling the vacancy left by Miss H. Bergman, who was transferred to Virden.

Miss R. Fletcher and Miss H. Johnson (Brandon General Hospital, 1928), who have been members of the nursing staff, have accepted positions on the staff of the Lakeside Hospital, Cleveland. Ohio, Miss Blanche Brigham (Brandon General Hospital, 1928) has been appointed to the staff of the Hospital.

GENERAL HOSPITAL, WINNIPEG: Appointments—Miss Jessie Munro (1923), to the staff at Bigelow Clinic, Brandon. Miss Elva Pringle (1929), a position at Ann Arbor, Michigan, U.S.A. Miss Mildred Brownell (1929), on the staff, Manitoba Provincial Board of Health, at Brandon, Man. Miss Marjorie Mackay (1929), on the staff of the Saskatchewan Provincial Board of Health. Miss Isabel Cameron (1929), on the staff, Ninette Sanatorium, Ninette, Man. Miss E. Chittick (1929), on the staff of the hospital at Frontier, Sask. Miss Verna Kingsbury (1928), and Miss Jean McMullan (1927), on the hospital staff, Winnipeg General Hospital. Misses Margaret Backman and Ann Bjornson (1928), have resigned from the hospital staff. Miss Bjornson is at present in the Manhattan Eye Hospital, Newark, taking post graduate work.

At the December meeting of the Alumnae Association, Dr. T. Glen Hamilton gave a most interesting talk on Psychic Research.

Mrs. Robert Watson (Dorothy Hanson, 1927), of Halifax, N.S., visited in Winnipeg during December.

Miss Violet Dixon (1926), has left for a three months' holiday in California.

Miss E. McCorquodale (1920), has returned from Honolulu and is now taking a post graduate course in Obstetrics at cleveland, Ohio.

Miss Margaret Cameron (1925), who has been in New York for the past two years has gone to Los Angeles, California.

NEW BRUNSWICK

MONCTON: The annual meeting of the local Chapter of the N.B. R.N.A. was held on November 1st, 1929, and the following officers elected: President, Miss Myrtle Kay; Vice-President, Miss A. J. MacMaster; Treasurer, Miss Marion MacLaren; Secretary, Miss Roberta Gunn; Convener of "The Canadian Nurse" Magazine, Miss Florence Breau; Councillors, Mrs. L. D. Wadman, Mrs. J. Lutes; Delegates to represent the Chapter at meetings of Local Council of Women, Mrs. A. Hopper and Miss Dorothy Oliver.

Plans were discussed for furnishing a room in the new wing of the Hospital.

On November 11th, 1929, the annual dance of the Chapter was held in the K.P. Hall, and it proved a brilliant affair, over 400 being present. Miss Wells, convener, was assisted by an able committee. Over $150.00 was realised.

A tea, musicale and Christmas sale were held on December 6th, in the Nurses Home of the City Hospital. The rooms were tastefully decorated, with yellow the prevailing colour. The general convener was Mrs. A. Hopper, while those who presided over the tea tables were Miss A. J. MacMaster, Mrs. H. E. Britton and Mrs. L. D. Wadman. Many enjoyable musical selections were heard during the tea hour. Miss Bertie Wells was in charge of the Fancy Work Table. The sum of $125.00 was realised.

The Chapter welcomes back Miss Ruth Wilson to the executive staff of the Moncton Hospital.

Much sympathy is extended to Mrs. James Lutes in the loss of her sister.

Miss Marguerite Brown spent the Christmas season at her home in Amherst.

NOVA SCOTIA

NOVA SCOTIA HOSPITAL: The graduation exercises of the School of Nursing were held in the Recreation Hall on October 29th. Col. the Hon. Gordon Harrington presented the diplomas to the graduates. Dr. Taylor administered the Florence Nightingale pledge and Dr. E. V. Hogan gave an inspiring address.

Following the exercises a dance was held in the Recreation Hall.

HALIFAX INFIRMARY: The graduation exercises of the School of Nursing of the Halifax Infirmary were held in St. Marys' Parish Hall on November 26th. Five nurses received their diplomas. The class was addressed by Drs. Murphy and Hogan and by the Rev. Father McManus. The gold medal was won by Miss Edna Grace Brown. Miss Mary MacDonald won the prize for general efficiency.

VICTORIA GENERAL HOSPITAL: The graduation exercises of the School of Nursing were held in the Assembly Hall on November 28th. Fifteen nurses received their diplomas. Dr. H. B. Atlee gave a splendid address to the graduates. The gold medal was won by Miss Helen Joncas and the Alumnae prize by Miss Blanche Lockart. Following the exercises a dance was held at the Lord Nelson Hotel. Miss Agnes Carson, for the past three years Superintendent of the Halifax Children's Hospital, has resigned. Before leaving Miss Carson was presented by her nurses with two beautiful sterling silver picture frames. A very enjoyable tea was given by Miss Strum, Superintendent of the Victoria General Hospital, when a travelling clock was presented to Miss Carson by a group of her friends in the nursing profession. Miss Carson took a keen interest in nursing affairs and will be greatly missed. She has been succeeded on the staff of the hospital by Miss Winslow, graduate of the Winnipeg General Hospital.

Miss Maude Hall, of the staff of the Dalhousie Public Health Clinic, has resigned to accept the position as assistant to Miss Smellie, Superintendent of The Victorian Order of Nurses.

Miss Anne Slattery, until recently Assistant Director, School for Graduate Nurses, McGill University, has been appointed to the staff of the Dalhousie Public Health Clinic.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in January, 1930, were 1,228. Twenty-nine less than in December, 1929.

APPOINTMENTS

WESTERN HOSPITAL, TORONTO: Miss Lulu Sargent (1928), Supervisor in the Michigan Children's Hospital, Detroit.

Miss Mabel Coutts (1928), supervisor of Surgical Division F.

Miss Ann Woodward (1929), supervisor, Medical Division B.

Miss Mabel Millcott (1929), supervisor, Medical Division E.

Miss Marcella Berger (Toronto), supervisor of Obstetrics in the new wing of St. Michael's Hospital.

Miss Ethel Hudson (Hamilton General Hospital, 1927), night supervisor in a hospital in Hudson, N.Y.

Miss Mary McCanns (1920), on completion of her course at the University of Toronto, accepted a position as Instructor of Nurses at Jeffery Hale's Hospital, Quebec.

Miss Mary Meggitt, charge Isolation Department, Brantford General Hospital.

The annual meeting of District No. 1, R.N.A.O., was held recently in Windsor. The following officers were elected: Chairman, Miss Nellie Gerard; Vice-Chairman, Miss Patricia Campbell; Secretary-Treasurer, Mrs. J. Harrison Shonts, Sarnia; Councillors, Misses A. A. Evans and A. Bayle, London; Hazel Hastings, St. Thomas, F. C. Ritchie, Petrolia, Mabel Hay, Windsor and Mrs. Jean Wilson, Strathray; Conveners of Lectures: Nursing Education, Miss Mary Jacobs, London; Private Duty, Hazel Hastings, St. Thomas; Nomination Committee, Miss Ethel Bobier, Convener.

DISTRICT 1

GENERAL HOSPITAL, CHATHAM: Miss Priscilla Campbell, Superintendent of Chatham General Hospital, has been elected a member of the general directorate of the Ontario Hospital Association.

DISTRICT 2

GENERAL HOSPITAL, BRANTFORD: At the December Alumnae meeting a very interesting talk was given by the Rev. Reycroft on his trip to the continent; all places of interest were illustrated by lantern slides.

Miss J. Wilson, Assistant Superintendent of the Brantford General Hospital, was confined to her bed through illness during the Christmas season.

Miss E. M. McKee, Superintendent of the Brantford General Hospital, spent some time in Montreal, early in January.

The marriage of Miss Dorothy Numa took place recently at Simcoe.

DISTRICT 4

GUELPH: The Alumnae of the Guelph General Hospital entertained at dinner on Thursday evening, December 26th, 1929, the guest of honour being Mrs. Caroline Armington, a graduate of Guelph General Hospital who is internationally famous for her etchings and paintings. The dinner was very informal and wholly delightful, and was held in the staff dining room. The table decorations were attractively carried out in red and white, the Alumnae colours. Later in the evening Mrs. Armington after seeing the hospital, displayed many of her etchings, and in doing so, gave a very interesting talk about her work. Miss Bliss, superintendent of the hospital, with Miss MacDonald, assistant superintendent, and Miss L. Ferguson, president of the Alumnae association, received the guests who included: Mrs. Douglas, Mrs. Gladstone, Mrs. Inglis, Mrs. Anderson, Mrs. Hockin, Mrs. Steele, Mrs. Cockwell, Mrs. Telford, and the Misses B. Richardson, A. Moore, Grieve, E. M. Eby, M. Singer, I. McNiven and A. Fennell.

DISTRICT 5

ST. MICHAEL'S HOSPITAL, TORONTO: The annual dance of the Alumnae was held recently in the Crystal Ballroom of the King Edward Hotel. The four hundred guests were received by Miss Taylor and Miss Ella Graydon, president and vice-president.

WESTERN HOSPITAL, TORONTO: Miss Gwendolyn Jones (1926) was granted the H. A. Beatty Scholarship for one year University work in teaching in Schools of Nursing. Miss Jones is now attending the University of Toronto.

Miss Lila Bull (1929) has gone to Florida, where she will spend several months.

Miss Mary Floyd returned from New York early in December and left for Florida December 25th. She intends remaining for six months.

Miss Evelyn Smith (1926) has resigned as supervisor of Surgical Division F.

Mrs. Leita Ward and Miss Ruth Kenny have returned to Miami, Florida, after spending the summer at their respective homes.

The members of the Alumnae were honoured on November 12th by an address given by Miss E. L. Smellie of Ottawa. Miss Smellie spoke most interestingly on the history of V.O.N. work in Canada.

A theatre night was held on December 4th, the proceeds of which amounted to about $250.00.

On December 21st the Alumnae, by a donation of money and a number of "willing workers", assisted with a dinner and Christmas Tree for children of the Out-Patients' Department of the Hospital.

The Edith Cavell Residence was the recipient of a very fine radio for Christmas, from Dr. H. A. Beatty.

DISTRICT 8

GENERAL HOSPITAL, OTTAWA: The Alumnae reviewed a very successful year at the annual meeting which was held in the drawing room of the Nurses Home on January 10th, 1930. Miss Juliette Robert, the newly elected president, thanked the nurses for electing her to such an important office as that of president of the Alumnae of the Ottawa General Hospital, and said she hoped to fill the office as capably as her predecessors, and would show her appreciation by giving the organisation the best she had in her.

A committee was formed for visiting the sick nurses. Mrs. Viau was elected convener of that committee with Mrs. Murphy and Miss Knox as assistants. After the meeting an enjoyable social hour was passed when tea was served by the seniors of the 'DYouville Training School.

A list of newly elected members is published in the Official Directory of "The Canadian Nurse."

Mrs. Jamieson (Anna McDonald, 1916), and Miss Edwina Hebert (1923), have undergone serious operations at the Ottawa General Hospital. Both are doing well.

Members of the Alumnae are very sorry to hear that Miss Margaret Brankin (1906), who served overseas during the Great War is seriously ill at her home 158 Irving, Ottawa.

The Ottawa General Hospital lost one of the most charming private duty nurses in the person of Miss Mary Crilly, ex-president of the Nurses Alumnae, who died after a short illness of two weeks. Miss Crilly graduated in 1920, and since won the doctors' confidence by her skill, and the nurses' and her patients' affection by her charming personality and untiring devotion. High tribute was paid to her by a largely attended funeral.

QUEBEC

ROYAL VICTORIA HOSPITAL, MONTREAL: The annual meeting and election of officers of the Alumnae was held in the Nurses Home on January 8th. Mrs. Stanley, the President, presided. The reports given by the officers showed the Association to be very active and its work and influence growing.

The members of the nursing staff held their usual New Year's Day Reception for all graduates of the hospital, and their friends. The guests were received by Miss Grace Martin and Miss Barbara Campbell, and Mrs. Stanley and Miss Goodhue assisted at the tea-table.

Miss Edna Davison (1929) has resigned from the staff and has been succeeded by Miss Florence McCormack (1929).

SASKATCHEWAN

CITY HOSPITAL, SASKATOON: Mrs. G. S. Hill (1922), who underwent a serious operation in the City Hospital, is recovering.

Miss Marion McKee (1927), of Milden, Sask., has returned to the city and is doing private duty work.

Mr. and Mrs. David Webster (Marie Lyke, 1927) left on January 3rd, 1930, for a visit to Eastern Canada and Florida.

C.A.M.N.S.

ALBERTA

EDMONTON: The local Overseas Nursing Sisters Club meets regularly with a good attendance. At the annual Armistice Party all members except three were present. The Club was recently entertained by Dr. and Mrs. Shaw, of Garneau, at a supper bridge at which Miss Isabel McQuaig of Los Angeles was among the guests.

The Club contributed forty dollars towards Christmas Cheer among the war veterans, while one hundred dollars has been raised towards the fund for the promised cenotaph.

The members of the local Club fully appreciate the organisation of an All-Canada Overseas Nursing Association and are very pleased to offer their full support.

The officers of the Club are: Mrs. G. G. Stewart, president; Miss E. Robison, secretary; and Miss J. Chinneck, treasurer.

CANADIAN NURSES ASSOCIATION

General Meeting

June 24th to 28th, 1930 **Regina, Saskatchewan**

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

BURNS — On December 27th, 1929, at Winnipeg General Hospital, to Mr. and Mrs. C. W. Burns (Mackay, Winnipeg General Hospital, 1921), a son.

CHINNECK—On November 17th, 1929, in Edmonton, to Mr. and Mrs. Chester G. Chinneck (Nell MacRae), a daughter, Anne Irene.

DEVERALL—On December 20th, 1929, at Toronto, to Captain and Mrs. Victor Deverall (Dora Squires, Toronto Western Hospital, 1918), a son (Donald Henry Victor.)

HAMILTON—On December 23rd, 1929, at the City Hospital, Saskatoon, to Mr. and Mrs. J. F. Hamilton (Hilda Hodgson, Saskatoon City Hospital, 1928), a son.

HILL—To Mr. and Mrs. Hill (Emma Dea, Ottawa General Hospital, 1917), a son.

LOCKWOOD—On November 15th, 1929, at Moose Jaw, Sask., to Mr. and Mrs. W. W. Lockwood (Molta, Winnipeg General Hospital, 1926), a daughter.

MILLER — On December 2nd, 1929, to Mr. and Mrs. Harwood Miller (Agnes Crozier, Hamilton General Hospital, 1921), a daughter (Shirley Mary.)

NESBITT—On December 6th, 1929, at Toronto, to Dr. and Mrs. J. H. Nesbitt (Jean Watson, Toronto Western Hospital, 1923), a son (John Henry Jackie.)

PAGET — On November 9th, 1929, at Toronto, to Mr. and Mrs. E. Paget (Olive Shambrook, Toronto Western Hospital, 1921), a daughter.

SAUNDERS—To Dr. and Mrs. Saunders (Lola Beauchamp, Ottawa General Hospital, 1923), a son.

WILLSHER—Recently, to Mr. and Mrs. Willsher (Mary Burns, Ottawa General Hospital, 1920), a daughter (Frances).

MARRIAGES

BLATCH—MURRAY—On December 24th, 1929, at Oakland, California, Klyne Murray (Royal Victoria Hospital, Montreal, 1924), to Harold E. Blatch.

BULL — LEITCH — On November 12th, 1929, at Riverside, California, Clara Lois Leitch (Winnipeg General Hospital, 1922), to Harold Francis Bull. At home —769 Twentieth St., San Bernardino, California.

CHAFEY — McINTYRE — On November 23rd, 1929, at Stonewall, Man., Kathleen McIntyre (Winnipeg General Hospital, 1925), to Walter Chafey. At home—Prince Albert, Sask.

CUNNINGHAM—WEATHERHEAD — On October 22nd, 1929, at Vancouver, Helen Weatherhead (Vancouver General Hospital, 1922), to Herbert Cunningham. At home—Houston, Texas.

DOUGLAS — BISHOP — On August 31st, 1929, at Toronto, Violet Bishop (Toronto General Hospital, 1919), to R. Stanley Douglas, Windsor, Ont.

DUNCAN—BOWMAN—On November 1st, 1929, at Moose Jaw, Ruth Bowman (Winnipeg General Hospital, 1927), to C. W. Duncan, of Milwaukee, Wis.

FOBERT — DeLEON — Recently, at Toronto, Ivy DeLeon (St. Michael's Hospital), to Edward Fobert. At home—Glen Manor Cres., Toronto.

FORRESTER—YETMAN — On December 19th, 1929, at Detroit, Mich., Elsie Yetman (Hamilton General Hospital, 1922), to Peter Earl Forrester, of La Porte, Indiana. At home—Detroit.

GILLIS — FLEMING — Recently, Claudia Fleming (Nova Scotia Hospital, 1913), to Donald Gillis, Antigonish.

HOFFMAN — KNIGHT — On December 24th, 1929, at Minneapolis, Margaret Knight (Vancouver General Hospital, 1929), to Dr. Edwin Hoffman.

JOHNSON — MURPHY — On December 11th, 1929, at Vancouver, B.C., Madge Murphy (Vancouver General Hospital, 1925), to Terry Johnson.

MARTIN — ROSS — On November 23rd, 1929, at Lindsay, Ont., Jean Ross (Toronto Western Hospital, 1928), to John Martin, Matheson, Ont.

MOIR—COLE—On September 23rd, 1929, at Toronto, Bertha Linton Cole (Toronto Western Hospital, 1914), to David Moir.

McARTHUR — ABBOT — Recently, Ruth Abbot (Nova Scotia Hospital, 1927), to Abraham McArthur.

McFARLANE—OGELTREE—In November, 1929, at Winnipeg, Isabel Ogeltree (Winnipeg General Hospital, 1928), to Dr. G. M. McFarlane. At home—Portage la Prairie, Man.

McKAGUE—JONES—On November 4th, 1929, at Saskatoon, Memorabilia Jones (Winnipeg General Hospital, 1926), to H. G. McKague.

RUTLEDGE — CAMPBELL — On October 19th, 1929, Jean Campbell (Winnipeg General Hospital, 1926), to E. Rutledge, of Moose Jaw, Sask.

THORDARSON—McLEOD — On November 22nd, 1929, at Vancouver, Erma Mae McLeod (Winnipeg General Hospital, 1929), to Dr. Stephen L. Thordarson. At home—Skykomish, Wash.

WHITE — NEELANDS — On December 28th, 1929, at Toronto, Bell Neelands (Toronto Western Hospital, 1910), to John White, Midland, Ont.

WHITE — THOMPSON — On December 18th, 1929, at Campbellton, N.B., Veronica White (Halifax Infirmary, 1919), to Jonn Frederick Thompson.

DEATHS

CAMPBELL — On January 9th, 1930, at Winnipeg, Evelyn McKenzie Campbell (Evelyn Sommerville, Winnipeg General Hospital, 1914), wife of Dr. W. E. Campbell.

CHISHOLM — Suddenly, at the Coburgh Road Branch of the Halifax Infirmary, Agnes Chisholm (Halifax Infirmary, 1918.)

CRILLY — Recently, at Ottawa, Mary Crilly (Ottawa General Hospital, 1920).

THOMPSON — In September, 1929, at Belleville, Ont., Mrs. O. Thompson (Margaret Ward, Toronto Western Hospital, 1910).

EXPECTATION

There is an old saying we all know "Expectation is greater than realisation". Like a lot of other old saws that are out of date, expectation now is part of realisation. Plan, hope, expect and then realise. People have often said to me, "Oh I would love to travel abroad, but of course I can't". What they really mean is "I can't be bothered. I can't even be bothered thinking I can go." People who really want to do anything will begin to accomplish it first in their own minds, 'thinking right'; and it's amazing how soon other people begin to think the same way. Before you know it you ARE going abroad. When you first begin to think about it then is the time to write and get the booklet of the Fifth all Canadian Tours to Europe. Many nurses have enjoyed them, in previous years, so can you, this year. You'll find further details with regard to the tours in the advertising pages. Read! then write! and finally COME!

Reprints of Survey of Nursing Education in Canada, by Dr. George M. Weir, may be obtained at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg.

10 cents each or 12 copies for $1.00.

During the past four years the sum of $123,500 has been expended by the Canadian Medical Association on extra-mural post-graduate lectures and clinics, given throughout the Dominion. This vast sum has been donated by the Sun Life Assurance Company of Canada, together with an additional $30,000 which is to be expended during the present year.

—The Canadian Medical Association Journal, January, 1930.

THE CANADIAN NURSE

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MANITOBA ASS'N OF REGISTERED NURSES

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REGISTERED NURSES ASSOCIATION OF NOVA SCOTIA

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REGISTERED NURSES' ASSOCIATION OF ONTARIO (Incorporated 1925)

President, Miss E. Muriel McKee, Brantford General Hospital, Brantford; First Vice-President, Miss Mary Millman, 309 City Hall, Toronto; Second Vice-President, Miss Marion May, Ottawa Civic Hospital Ottawa; Secretary-Treasurer, Miss Matilda Fitzgerald, Apt. 29, 917 St. Clair Ave. W., Toronto.

District No. 1: Chairman, Miss Hilda Stuart, Victoria Hospital, London; Secretary-Treasauer, Miss Mabel R. Hoy, 8 Eldorado Apts., Windsor. District No. 2: Chairman, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; Secretary-Treasurer, Miss Hilda Booth, Norfolk General Hospital, Simcoe. District No. 4: Chairman, Miss Edith Rayside, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Norman Barlow, 134 Catherine St., S., Hamilton. District No. 5: Chairman, Miss Ethel Greenwood, 36 Homewood Ave., Toronto; Secretary-Treasurer, Miss Alice Vernon, 72 Howland Ave., Toronto. District No. 6: Chairman, Miss Florence Fitzgerald, 90 Chatham St., Belleville; Secretary-Treasurer, Miss Florence McIndoo, General Hospital, Belleville. District No. 7: Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Marjorie Evans, 103 Gore St., Kingston. District No. 8: Chairman, Miss Gertrude Garvin, Strathcona Hospital, Ottawa; Secretary-Treasurer, Miss A. C. Tanner, Civic Hospital, Ottawa. District No. 9: Chairman, Miss Margaret Kennedy, Box 233 Sturgeon Falls; Secretary-Treasurer, Miss C. McLaren, Box 102, North Bay. District No. 10: Chairman, Miss Jane Hogarth, 118 N. John St., Fort William; Secretary-Treasurer, Miss Rena Wade, McKellar General Hospital, Fort William.

ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC (Incorporated 1920)

Advisory Board, Misses M. A. Samuel, L. C. Phillips, and M. F. Hersey; President, Miss M. K. Holt, Montreal General Hospital; Vice-President (French), Sister Allard, Hotel Dieu de St. Joseph, Montreal; Vice-President (English), Miss C. V. Barrett, R.V. Montreal Maternity Hospital; Recording Secretary, Miss Grace Martin, Royal Victoria Hospital, Montreal; Treasurer, Miss O. V. Lilly, R.V. Montreal Maternity Hospital. Other Members: Miss M. L. Moag, V.O.N., Miss E. B. Hurley, University of Montreal, Miss C. Lamoureux, Miss A. Kinder, Children's Memorial Hospital, Montreal, Miss Catherine Ferguson, Alexandra Hospital, Montreal. Nursing Education Section (English), Miss E. Sharpe, Royal Victoria Hospital; Nursing Education Section (French), Sister Augustine Hopital St. Jean de Dieu, Montreal; Public Health Section, Miss Isabel Manson, V.O.N., Bishop St., Montreal; Private Duty Section (English), Miss Christina Watling, 1480 Chomedy St., Montreal; Private Duty Section (French), Mlle. Panet-Raymond, 259 McDougall Ave., Montreal; Board of Examiners, Convener, Miss C. V. Barrett; Registrar and Executive Secretary, Miss E. Frances Upton, 1396 St. Catherine Street West, Montreal

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION. (Incorporated March, 1927)

President, Miss R. M. Simpson, Department of Public Health, Parliament Bldgs., Regina; First Vice-President, Miss Jean McKenzie, Junior Red Cross, Regina; Second Vice-President, Miss M. H. McGill, Normal School, Saskatoon; Councillors, Sister O'Grady, Grey Nuns' Hospital, Regina, and Miss M. Montgomery, The Sanatorium, Fort Qu'Appelle; Conveners of Standing Committees, Public Health, Miss Elizabeth Smith, Normal School, Moose Jaw; Private Duty, Miss C. M. Munro, Coronation Court, Saskatoon; Nursing Education Section, Sister Raphael, Providence Hospital, Moose Jaw; Secretary-Treasurer, and Registrar, Miss E. E. Graham, Regina College, Regina.

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Hon. President, Mrs. Stewart Brown; President, Miss J. B. von Gruenigan; First Vice-President, Miss MacLear; Second Vice-President, Miss Sherwood; Treasurer, Miss Ann McKee; Recording Secretary, Miss J. Lyndon; Corresponding Secretary, Miss A. Tarrant, 536 14th Ave. W.; Convener Private Duty Section, Miss Agnes Kelly; Registrar, Miss D. Mott, 110 18th Ave. W

EDMONTON GRADUATE NURSES' ASSOCIATION

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President, Miss MacRea; First Vice-President, Mrs. C. Anderson; Second Vice-President, Miss Edna Auger; Secretary, Miss De Coursey, General Hospital, Medicine Hat; Treasurer, Miss Seafoot; Convener of of Flower Committee, Miss M. Murray; Convener of New Members Committee, Miss Sodero; "Canadian Nurse" Correspondent, Mrs. Tobin.

Regular Meeting—First Tuesday in Month.

A.A., ROYAL ALEXANDRA HOSPITAL, EDMONTON, ALTA.

Hon. President, Miss Munroe; President, Miss I. Johnson; First Vice-President, Mrs. Godfrey; Second Vice-President, Miss Oliver; Recording Secretary, Miss V. Chapman; Corresponding Secretary, Miss H. Dean, Royal Alexandra Hospital; Treasurer, Miss Griffith, 10806-98th Street.

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President, Miss M. P. Campbell, 1625-10th Ave.; W.; First Vice-President, Miss M. L. Dutton, St. Paul's Hospital; Second Vice-President, Miss M. Mirfield, 1180-15th Ave., W.; Secretary, Mrs. J. A. Westman, 4697 Belmont Ave.; Treasurer, Miss L. G. Archibald, 536-12th Ave., W.; Council, Misses E. Lumsden, 2454-13th Ave., W., M. Duffield, 3760-11th Ave., W., D. Turnbull, 1865-11th Ave., W., McLeay, 1180-15th Ave., W., Jean Matheson, Military Hospital; Directory Committee (Convener), Miss K. W. Ellis, Vancouver General Hospital; Programme Committee (Convener), Miss B. Cunliffe, Vancouver General Hospital; Social Committee (Convener), Miss Corker, Vancouver General Hospital; Sick Visiting Committee (Convener), Miss D. K. Anderson, Vancouver General Hospital; Ways and Means Committee (Convener), Miss M. Ewart, 2775-38th Ave., W.; Creche Committee (Convener), Miss M. A. McLellan, 1883-3rd Ave., W.

A.A., ST. PAUL'S HOSPITAL, VANCOUVER

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A.A., VANCOUVER GENERAL HOSPITAL, VANCOUVER, B.C.

Hon. President, Miss K. W. Ellis; President, Miss O. V. Cotsworth, 1135 12th Ave. W.; First Vice-President, Miss Blanche Harvie; Second Vice-President, Mrs. Harold Findlay; Secretary, Miss L. Jean Stevens, 1591 16th Ave., W.; Asst. Secretary, Mrs. Hugh Macmillan; Treasurer, Mrs. George Walker, 4534 Bellevue Drive; Conveners of Committees, Refreshment, Mrs. Guill; Programme, Miss H. Innis; Sick Visiting, Miss L. Stocker; Sewing, Miss L. Timmins; Local Press and "The Canadian Nurse," Miss E. Bowman.

A.A., ST. JOSEPH'S HOSPITAL, VICTORIA, B.C.

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A.A., ST. BONIFACE HOSPITAL, ST. BONIFACE, MAN.

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Meetings—Second Wednesday each month, 8 p.m., St. Boniface Nurses Residence.

A.A., WINNIPEG GENERAL HOSPITAL

Hon. President, Mrs. W. A. Moody, 97 Ash St.; President, Mrs. J. A. Davidson, 39 Westgate; First Vice-President, Miss E. Ironside, 876 Bannatyne Ave.; Second Vice-President, Miss I. McDiarmid, 363 Langside; Third Vice-President, Miss E. Gordon, Research Lab., Medical College; Recording Secretary, Miss O. Wicks, Nurses Home, Winnipeg General Hospital; Corresponding Secretary, Miss M. Baldwin, Nurses Home, Winnipeg General Hospital; Treasurer, Mrs. H. Graham, 99 Euclid St.; Sick Visiting, Miss J. Morgan, 122 Rose St.; Programme, Miss C. Lethbridge, 877 Grosvenor Ave.; Membership, Miss B. Pearston, Nurses Home, Winnipeg General Hospital.

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Meetings held first Thursday every month.

A.A. BELLEVILLE GENERAL HOSPITAL

Hon. President, Miss Florence MacIndoo; President, Miss Vina Humphries; Vice-President, Miss Edith Wright; Secretary, Miss Sabra Phillips; Treasurer, Miss Reta Fitzgerald; Representative to "Canadian Nurse", Miss Helen Fargey.

Regular meeting held first Tuesday in each month at 3.30 p.m. in the Nurses' Residence.

A. A., BRANTFORD GENERAL HOSPITAL

President, Miss Jessie Wilson; Vice-President, Miss P. Robinson; Secretary, Miss M. McCormick; Asst. Secretary, Miss H. D. Muir; Treasurer, Miss Jean Davidson; Gift Committee, Mrs. D. A. Morrison, Miss K. Charnley; Flower Committee, Miss E. Champness; "The Canadian Nurse" Representative, Miss M. Nichol; Social Convener, Miss Dora Arnold; Press Representative, Mrs. A. A. Mathews, Miss N. Yardley.

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Regular meeting first Monday of each month.

A.A., CORNWALL GENERAL HOSPITAL

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A. A. HAMILTON GENERAL HOSPITAL

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Mrs. Norman Barlow, 134 Catherine St. S.; Vice-President, Miss Annie Boyd, 607 Main St. E.; Recording Secretary, Miss Janie I. Cordner, 70 London Ave. N.; Treasurer, Miss Christine G. Innig, Hamilton General Hospital; Treasurer Mutual Benefit Association, Miss M. L. Hannah, 25 West Ave. S.; Executive Committee, Miss Pegg (Convener), Misses Baird, Walker, Murray, Mrs. Johnson; Registry Committee, Mrs. Hess (Convener), Misses G. Hall, A. Nugent, Armstrong; Programme Committee, Miss Watt (Convener), Misses Call, Buchanan, Squires, Armstrong, J. Patterson, Mrs. Regan; Flowers and Visiting Committee, Miss Squires (Convener), Misses Gowling, Burnett; Representatives to Local Council of Women, Misses Burnett, Sadler, Buckbee, Mrs. Hess; Representatives to "The Canadian Nurse", Miss Souter (Convener), Misses Carruthers, Atkins; Representative R.N.A.O. Private Duty, Miss G. Hall; Representative to Women's Auxiliary, Mrs. J. Stephens.

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A.A., HOTEL DIEU, KINGSTON, ONT.

Hon. President, Rev. Sister Donovan; President, Mrs. Wm. Elder, Avonmore Apts.; Vice-President, Mrs. Vincent L. Fallon, 277 Earl Street; Secretary, Miss Genevieve Pelow, c/o Hotel Dieu; Treasurer, Miss Irene McDonald, 29 Pembroke St.; Executive Committee, Mrs. L. E. Crowley, Miss E. Smith; Miss K. McGarry; Visiting Committee, Misses O. McDermott and E. McDonald.

A.A., KINGSTON GENERAL HOSPITAL

First Hon. President, Miss E. Baker; Second Hon. President, Miss Louise D. Acton; President, Mrs. S. F. Campbell; First Vice-President, Mrs. G. H. Leggett; Second Vice-President, Miss A. Baillie; Treasurer, Mrs. C. W. Mallory, 203 Albert Street; Secretary, Miss Olivia M. Wilson, General Hospital; Press Representative, Miss Mary Wheeler, General Hospital; Flower Committee (Convener), Mrs. George Nicol, 355 Frontenac Street; Representative, Private Duty Section, Miss A. McLeod, 27 Pembroke Street.

A.A., KITCHENER AND WATERLOO GENERAL HOSPITAL

Hon. President, Mrs. J. Westwell; President, Miss M. Snider; First Vice-President, Mrs. V. Snider; Second Vice-President, Mrs. R. Petch; Secretary, Miss T. Sitler, Kitchener and Waterloo Hospital, Kitchener; Asst. Secretary, Mrs. L. Bauman; Treasurer, Miss K. Grant; The Canadian Nurse, Mrs. L. Kieswetter.

A. A., ST. JOSEPH'S HOSPITAL, LONDON, ONT.

Hon. President, Sister M. Pascal; Hon. Vice-President, Sister St. Elizabeth; President, Miss A. Costello; First Vice-President, Mrs. J. Nolan; Second Vice-President, Miss L. Morrison; Corresponding Secretary, Miss N. Barr; Recording Secretary, Miss H. Mullins; Treasurer, Miss E. Beger, 27 Yale St.; Representative, Board of Central Registry, Miss A. Costello.

A.A., VICTORIA HOSPITAL, LONDON, ONT.

Hon. President, Miss Grace M. Fairley, Victoria Hospital; President, Miss Della Foster, 503 St. James Street; First Vice-President, Miss Mary Yule, 151 Bathurst St.; Second Vice-President, Miss Christena Gillies, Victoria Hospital; Treasurer, Miss Edith Smallman, 814 Dundas Street; Secretary, Miss Isobel Hunt, 898 Princess Avenue; Corresponding Secretary, Miss Mabel Hardie, 281 Queens Ave.; Representative, The Canadian Nurse, Miss Luella M. Shaw, Victoria Hospital; Board of Directors, Mrs. C. J. Rose, Misses F. MacPherson, H. Hueston, E. Swetnam, H. Cryderman, A. McKay; Representatives to Registry Board, Misses M. McVicar, S. Giffen, F. Macpherson and A. Johnston.

A.A., NIAGARA FALLS GENERAL HOSPITAL

Hon. President, Miss M. S. Park; President, Miss Marion Curry; First Vice-President, Mrs. M. E. Sharpe; Second Vice-President, Mrs. D. O'Donnell; Treasurer, Mrs. N. Gillies; Secretary, Miss H. J. Pirie; Convener, Sick Committee, Mrs. V. Wesley; Asst. Convener, Sick Committee, Mrs. J. Taylor; Convener, Private Duty Committee, Miss A. I. Pirie.

A.A., ORILLIA SOLDIERS' MEMORIAL HOSPITAL

Honorary President, Miss E. Johnston; President, Miss M. Harvie; First Vice-President, Miss M. Payne; Second Vice-President, Miss A. Dudenhoffer; Secretary-Treasurer, Miss Gladys M. Went; Programme Committee, Misses C. Newton, M. Stephen, F. Graham; Visiting Committee, Misses G. Adams, E. Mitchell, F. Pearce.

Regular Meeting—First Thursday of each month.

A.A., OSHAWA GENERAL HOSPITAL

Hon. President, Miss E. MacWilliams; President, Mrs. H. W. Trick, 168 Simcoe St. N.; Vice-President, Miss Jane Cole; Secretary and Corresponding Secretary, Miss Elma M. Hogarth, 301 Celina Street; Treasurer, Mrs. H. Harland, 50 McMillan Drive.

A.A., ST. LUKE'S HOSPITAL, OTTAWA

President, Miss Isabel Mothersill; Vice-President, Miss Mary Nelson; Secretary, Miss Isabel Allan, 408 Slater St.; Treasurer, Mrs. Florence Ellis; Representatives to Central Registry, Miss Grace Woods and Miss Norma Lewis; Representative to the Local Council of Women, Miss Mona Drummond.

A.A., LADY STANLEY INSTITUTE, OTTAWA (Incorporated 1918)

Hon. President, Miss M. A. Catton, 2 Regent St.; Hon. Vice-President, Miss Florence Potts; President, Miss Mabel M. Stewart, Royal Ottawa Sanatorium; Vice-President, Miss M. McNiece, Perley Home, Aylmer Ave.; Secretary, Mrs. G. O. Skuce, Britannia Bay, Ont.; Treasurer, Miss C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. MacGibbon, 114 Carling Ave.; Miss C. Flack, 152 First Ave.; Miss E. McColl, Vimy Apts., Charlotte St.; Miss L. Belford, Perley Home, Aylmer Ave.; "Canadian Nurse" Representative Miss A. Ebbs, 80 Hamilton Ave.; Representatives to Central Registry Nurses, Miss A. Ebbs, 80 Hamilton Ave.; Miss Mary C. Slinn, 204 Stanley Ave.; Press Representative, Mrs. J. Waddell, 220 Waverley St.

A.A., OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sister Flavia; President, Miss Juliette Robert; First Vice-President, Miss Constance McDonald; Second Vice-President, Mrs. A. Latimer; Secretary-Treasurer, Miss Stella Kerns; Membership Secretary, Miss Pauline Bissonnette; Representatives to The Local Council of Women, Mrs. C. L. Devitt, Mrs. E. Vian, Mrs. A. Latimer, Miss F. Nevins; The Canadian Nurse, Miss Juliette Robert; representatives to Central Registry Miss L. Egan, and Miss A. Stackpole.

A.A., OWEN SOUND GENERAL AND MARINE HOSPITAL

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A.A., NICHOLL'S HOSPITAL, PETERBORO.

President, Miss F. Dixon; First Vice-President, Miss E. B. Walsh; Second Vice-President, Miss H. Anderson; Treasurer, Miss M. R. Reid; Secretary, Miss B. Smith; Corresponding Secretary, Miss J. Deyell, Y.W.C.A.; Convener, Social Committee, Miss M. Watson; Convener, Flower Committee, Miss A. Dobbin.

A.A., SARNIA GENERAL HOSPITAL

Hon. President, Miss K. Scott; President, Miss C. Lougher; Vice-President, Miss L. Seigrist; Treasurer, Miss J. Hodgins; Secretary, Miss B. MacFarlane.

A.A., SAULT STE. MARIE GENERAL HOSPITAL

Hon. President, Rev. Sister Mary Dorothea; President, Miss Lillian Goatbe; First Vice-President, Mrs. J. O'Driscoll; Second Vice-President, Miss Stella Kehoe; Secretary, Miss Dora Baxter; Treasurer, Miss B. Spence.

A.A., STRATFORD GENERAL HOSPITAL

Hon. President, Miss A. M. Munn; President, Miss Myrtle Gibb; Vice-President, Miss C. Staples; Secretary-Treasurer, Miss F. Fairs; Flower Committee, Misses I. Hunter and E. Ham; Correspondent, Miss D. Hymers.

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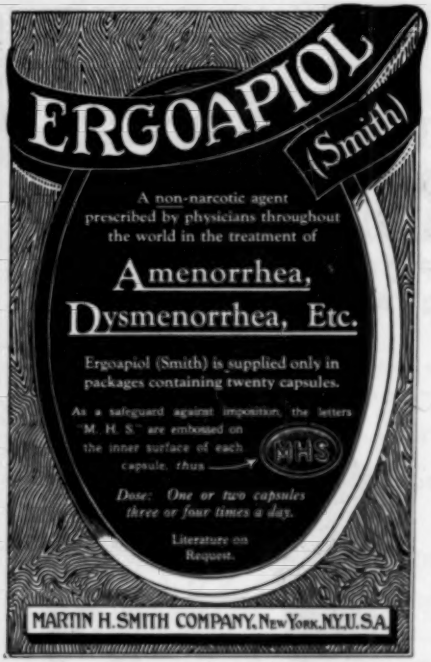
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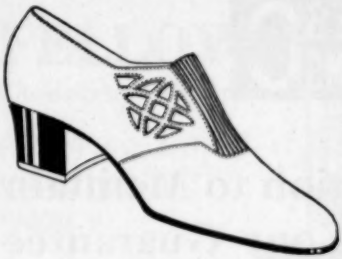

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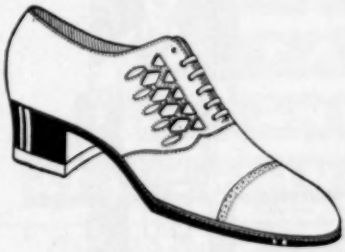

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